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Original Articles.

PRURITUS.

By WILLIAM F. WAUGH, M.D.

[T]is doubtless true that most young graduates in medicine are better qualified to treat the more serious diseases than the minor ailments. And yet the latter are of more real importance, in that they are more frequent, more likely to come into their hands for treatment, and the gratitude of the patient who has been relieved is likely to lead to a trial in more serious emergencies. A cold in the head, a corn or bunion, an eruption of the acne, a cinder under the eyelid, and pruritus, are the cases most likely to come first to the neophyte; and he is lucky if he knows what to do for either.

In ranking pruritus among the trifling affections, I speak from the popular standpoint, and not from that of the sufferer. To him it is anything but trifling. I have heard men use the wildest terms in speaking of this terrible malady; even threatening suicide if relief could not be found. The following extracts from a personal letter may show how the subject is viewed by a brother physician who is also a victim:

"Your 'Notes and Comments' in this month's *Medical World*, hit me entirely! I have suffered more or less from pruritus for two years, and just now I am convalescing from a severe attack of la grippe, confined to the bed two weeks; my convalescence is impeded by the everlasting itching. Last night I slept none until nearly four o'clock A. M., and it was scratch, scratch, scratch. I use a gourd, and my wife helps me. I have consulted every physi-

cian in the neighborhood, and have used Professor White's prescription (of N. Y.), a 4 per cent. solution of carbolic acid, sometimes alum; also prussic acid, and have availed myself of every kind of alkaline wash; also cider vinegar, aqua ammonia dil. *pro re nata*, and I suffer pruritus from the sole of my foot to the crown of my head. It loves to linger about the temples, the concha of the ear, the inner canthus of the eyes, the eyebrows, the eyelids, the hollow of my hands, my wrists, arms, shoulders; in fact, everywhere. Internally I have not been persistent in any treatment; have taken Wyeth's Comp. Sulphur Lozenges; have thought to-day I would begin with Fowler's solution, 3 gtt. after each meal, and take it - forever! From your 'Notes and Comments,' in last *Medical World*, it seems as though you knew something about pruritus, even if you never enjoyed its comforts. I have no uric acid diathesis, and am proverbially a small eater. Have never taken pilocarpine. Last night I tried the prescription found in January number of *Merck's Bulletin*, with little effect. I retired at nine o'clock and slept until eleven, then awoke to scratch until midnight; by a little coaxing fell asleep and awoke to repeat the scratching. After awhile I fell asleep and rested until five o'clock; no more sleep afterwards. I have no eruption, skin as smooth as a baby's, but it itches enough to worry one out of existence."

Sparks' says that pruritus may depend on any of the following causes:

1. Local irritation from rough clothing, parasites, unhealthy discharges (saccharine urine, leucorrhoea).
2. Inflammations of the skin; eczema, lichen, early psoriasis, pemphigus; slightly in roseola; some-

¹Quain's Dictionary of Medicine, p. 1267.

times severe after the local use of croton oil or tartar emetic. Desquamating syphilides may itch, but cutaneous affections of the lower layers of the cutis, as a rule, do not itch; and these comprehend most specific eruptions and leprosy.

3. *Reflex irritation* from the uterus or stomach in urticaria, pregnancy, intestinal worms or from the kidneys.

4. The presence of certain *substances in the blood*, such as biliary acids and copaiba.

5. *Undiscovered causes*, as in true prurigo and strophulus. Kaposi speaks of pruritus cutaneus universalis as a true idiopathic neurosis.

Duhring has described *pruritis hiemalis* due to the effect of cold, and most apt to be felt by pruriginous persons who put on loosely knit underclothing.

Many persons are attacked with pruritus on putting woollens next to the skin; especially Scotch wool.

The uric acid diathesis, gout and plethoria are sometimes causes of pruritus. Certain articles of diet, such as shell-fish, lobsters, beer, coffee, mushrooms and tomatoes, are thought to cause pruritus in some persons.

Albuminuria may be accompanied by itching due to irritation of the peripheral nerves or of the sensory centers by toxic substances in the blood. Depression of the spirits and various emotional disturbances may give rise to pruritis. Opium causes pruritus and Hardaway says that the same symptom is due to the inordinate use of tea, and to oat meal. A rural tradition ascribes a form of itching to the use of buckwheat. The "Prairie itch," or "Texas," or "Kansas" scratches, is in some cases a form of eczema, in others scabies.

In all its forms, pruritus is generally worse at night. The victim may be comparatively free during the day, but as soon as he begins to feel warm in his bed, the itching begins. As the disease progresses, however, he suffers also by day. Among the varieties most frequently noted are pruritus pudendi, pruritus ani, and pruritus senilis. The feet are sometimes exclusively affected; or the calves; less frequently the hands. The affection may be limited to one spot, or may skip about from one part of the body to another. Pruritus hiemalis is most commonly felt in localities where the skin is tender and smooth, such as the inner aspect of the thighs. Nasal pruritus is thought to indicate the presence of worms in the intestinal canal in children, or it may precede an asthmatic paroxysm in adults. Pruritus ani in children is due to ascarides, or to phimosis; in adults it accompanies the disorders incident to a sedentary life, hemorrhoids, fissure, fistula, constipation, enlarged prostate, etc.

Pruritus prudendi may be due to diabetes, vesical calculus, leucorrhœa, varix of the labia; or it may be due to the irritation by the menstrual fluid, and is then only present during its flow. Pruritus of the legs, if not pruritus hiemalis, is generally due to plethora or uremia. Limited to the feet, pruritus is caused by the accumulation of epithelium, not removed by ordinary ablution. Pruritus senilis, not due to pediculi or to diabetes, is probably caused by atrophy of the papillæ.

The pruritus attendant upon some cases of jaundice is attributed to irritation of the mouths of the sudoriparous gland-ducts by the excretion of the biliary acids. But both Graves and Addison state that the pruritus sometimes precedes the jaundice, even by a week or more. Fagge says the itching of uremia is sometimes so intense that patients scratch when so

far unconscious that they cannot be roused. Various secondary affections are described, as caused by the scratching and other means employed to relieve the itching.

In the treatment of pruritus, the first indication is that relating to the cause. In many cases the pruritus is to be looked upon as salutary, in that it points to an error of the habits and also provides a powerful incentive to reform. Very little benefit is to be expected from local means, unless the condition underlying the pruritus is remedied. This being done, the diet is to be passed in review, and any suspected articles interdicted. The hygiene of the skin next demands attention. The accumulation of dead epithelium should be prevented by an occasional Turkish bath, or its equivalent; the skin being scraped with a blunt blade, like a paper-cutter. Irritant soaps should be avoided, and if all soaps prove irritant, borax may be substituted. For a dry, scaly skin, or in senile pruritus from cutaneous atrophy, inunctions of hot olive oil are useful. The oil should be of the finest quality, and should be well rubbed in, the skin being then wiped with a woollen cloth. Care should be paid to the clothing, and if wool proves irritant, a good substitute is to be found in chamois skin. This is also an effectual preventive of pruritus hiemalis. I have known the latter to be cured by the substitution of fine and close-woven woollen textures for the coarse and loose Scotch wool. Sources of reflex irritation are to be sought out and removed. In plethoric cases, the internal use of salicylate of soda often gives much relief.

When the pruritus cannot be referred to any special cause, it is to be considered a neurosis. Even here, it is incumbent upon us to search for a cause of neurotic aberration, in the habits or environment of the sufferer. It may be simply one indication of neurasthenia, nervous or mental exhaustion, too unremitting attention to business, etc. If none of these conditions is present, we are compelled to treat the pruritus as a pure neurosis. The sensibility of the nerve termini may be blunted by full doses of the bromides, cannabis indica, gelsemium, pilocarpine, ergot, atropine, or other nerve sedatives.

For the pruritus of jaundice, full doses of pilocarpine give great relief. One exception I have noted was in the case of a prominent New York druggist, who had hepatic cancer, with permanent jaundice. Pilocarpine gave no relief. In other forms of pruritus this drug has proved useful, but the limits of its beneficial action have not as yet been defined by wide experimentation.

Massage, local nutrition and electricity, have been found of value in the purely neurotic form, as well as in that attendant upon anemia and general debility. Shoemaker speaks favorably of hypodermics of cod-liver oil, one to two drachms being injected into the tissues of the back. I have obtained excellent results from the inunctions of hot olive oil.

Pringle says that the tinctures of hops, hyoscyamus and belladonna, and sulphate of quinine, seem sometimes of decided value, and if given at bed-time may secure a good night's rest. In cases occurring at the menopause, ichthyol, m v , or more, thrice daily, in capsule, occasionally acts with remarkable success.

If these general directions be fulfilled, many cases will require nothing further; while, in all, the effect of local applications will be greatly enhanced. This leaves to the latter the rôle of adjuvants in most cases, and of chief remedies in the few instances in which no cause can be traced.

In localized pruritus, the most effective remedy is benzoin. This may be used in the form of a tincture or of an ointment. The official compound tincture may be used in its full strength or diluted with stronger alcohol. The ointment may be prepared according to the following formula :

R.—Benzoini, pulv. finiss gr. xx—lx.
Hydrargyri ammoniat..... gr. xxx.
Lanolini..... 3j. M.

When in pruritus ani the itching is intense, painting the surface with tincture of benzoin *kills* the itching with a suddenness that has no parallel in my experience. The application is quite irritating, however, fully as much so as tincture of iodine; and accordingly it is best to dilute it, though the effect is less striking. It is not difficult to find the strength that can be endured by any case; and then the application may be repeated twice daily as long as needed. The gum must be finely powdered, and the box kept closed, as the ointment otherwise deteriorates. In general pruritus, the benzoin may be used in water for ablation, or in oil for inunction; but the chief reliance must be upon general remedies.

The number of remedies that have been advocated for pruritus is very great. It seems that whenever an application has been followed by relief, perhaps in a single case, the conclusion has been jumped at that a "sure cure" for all sorts and conditions of pruritus has been discovered. Many of these are doubtless of benefit in certain conditions, and it would be well if these could be so differentiated as to show what cases are amenable to each remedy.

Whitla says baths are of the greatest service. The warm alkaline bath, containing 8 to 12 ounces of potassium bicarbonate, followed by half an hour's general massage, often gives relief and induces sleep. Sulphuret of potassium, starch and various sedatives, are also recommended for baths. After the bath, the skin may be dusted with starch and salicylic acid, 1 to 25.

Menthol is a reliable local remedy; half a drachm in an ounce and a half of pure alcohol, painted over the affected part, or two drachms of menthol may be rubbed up with half an ounce of olive oil and one drachm of chloroform, and made into an ointment with two and a half ounces of lanoline.

Porritt uses a cone of cocoa-butter, containing two per cent. of cocaine; rubbed over the affected part, it soothes and shields the irritable nerves.

Bulkley recommends alkaline baths, following by carbolic acid in glycerine as a lotion.

Ringer speaks favorably of strong solutions of corrosive sublimate, black wash, yellow wash, and mercurial ointment. Calomel, 1 part to 8 of lard, is the best application, except in the pruritus of urticaria. It is also very useful in pruritus ani.

Marshall recommends the oleate of mercury, a 5 per cent. solution in oleic acid, with $\frac{1}{2}$ part of ether, applied with a brush.

Trousseau speaks well of alum, in strong solution.

Bartholow recommends hydrocyanic acid with borax; used cautiously, and only when the skin is unbroken. He also recommends painting the itching surface with nitrate of silver, gr. xx to the ounce. He considers tobacco effective, but dangerous.

Ringer advocates iodoform, 3j to 3j; iodine for itching of the nose or inner canthus; chloroform ointment for itching of skin diseases; arsenic for nasal itching in asthma; benzoin for eczema and urticaria; and boric acid, a teaspoonful to the pint of hot water, as a lotion in pruritus pudendi.

Auerbach pronounces balsam of Peru very useful in scabies, pruritus ani and many other forms.

Camphor and chloral, with petrolatum, make a powerful anti-pruritic, according to Bulkley.

When the itching is out of proportion to the lesion of the skin, full doses of gelsemium are useful, thinks Pilcher.

Goodell gives, by the mouth, sodium salicylate, gr. xv, every four hours, for pudendal pruritus.

Many authors speak well of tar and sulphur, in ointment, bath or lotion.

Waring employs the alkaline sulphites locally; iodide of sulphur externally and internally for senile pruritus; and diluted liquor sodæ chlorinatæ for pruritus ani.

Pringle prefers lotions to oily applications, but makes an exception in favor of naphthol, 2 to 5 per cent. in lanoline and petrolatum. He also favors the red oxide of mercury ointment, (B. P.) diluted with an equal quantity of benzoinated lard. Painting with benzoin, or with nitrate of silver, gr. x, to spirit of nitrous ether, 3j, is useful in cases depending on varix, while cocaine, gr. $\frac{1}{2}$, in a suppository, is most effectual in some cases of pruritus vulvæ.

In obstinate vulvar pruritus, a weak galvanic current is said to be of great value.

Whitla says that for local pruritus he has discarded every drug save the unguentum conii; sometimes adding to it the following:

Following are a few of the remedies advocated by various writers; selected from a great number:

R.—Cocainæ purif..... gr. iv.
Hydrargyri ammoniat..... gr. xv.
Zinci oxid..... 3j.
Petrolati..... 3x.
M.—S. Useful when itching is bad at night.

—Machiavelli.

For senile pruritus :

R.—Creasoti..... 3i.
Lanolini..... 3ij. M.

—Whitla.

For pruritus vulvæ :

R.—Sodii carbolat..... 3j.
Aquæ coloniensis..... 3ij.
Glycerini..... 3iv.
Aquæ..... 3jss. M.

For bad cases, follow this by :

R.—Cocainæ hydrochlorat..... gr. iij.
Alcohol..... 3vj. gr. xl.
Aquæ dest..... 3ijss.

M.—S. Apply to vulva on compresses.

—Machiavelli.

For obstinate cases :

R.—Acidi carbolici..... gr. ij.
Morphinæ acetat..... gr. jss.
Acidi hydrocyanici dil..... 3ij.
Glycerini purif..... 3j.
Aquæ dest..... 3j.

M.—S. Apply to vulva on tampons.

—Verrier.

R.—Acidi salicylici..... 3j.
Zinci oxidi purif..... 3ij.
Glycerini amyli..... 3ij. M.

—Julien.

R.—Creasoti purif..... 3ss.
Cocainæ purif..... gr. xij.
Ung. conii..... 3j.

M.—S. To be freely smeared over part at bedtime.

R.—Acidi carbolici..... 3j.
Glycerini..... 3j.
Aquæ rosæ..... q. s. ad 3vij.

M.—S. Lotion.

—Potter.

R.—Acidi hydrocyanici dilut. ʒss-j.
 Infusi altheae ʒv-viiij.
 M.—S. Lotion. —Fox.

R.—Potassii cyanidi gr. xv.
 Aquae laurocerasi ʒviiij.
 M.—S. Lotion. —Anderson.

R.—Liquor carbonis detergentis ʒss.
 Glycerini ʒj.
 Aquae ad ʒx.
 M.—S. Lotion —Sparks.

R.—Acidi benzoici gr. cx.
 Ol. caryophylli gtt. xl.
 Alcohol ʒijss.

Solve, et adde :
 Cerati simp. ʒviiij.
 Bals. Peruanae ʒj.
 M.—Ft. unguent. Especially good for scabies. —Potter.

R.—Acidi hydrocyanici dilut. ʒij.
 Sodii boratis ʒj.
 Aquae rosae ʒviiij.
 M.—S. Lotion. —Fox.

R.—Potassii cyanidi gr. vj.
 Pulv. cocci gr. j.
 Ung. aquae rosae ʒj.
 M.—S. Ointment. —Anderson.

R.—Cretae preparat. ʒj.
 Coal tar ʒj-ij.
 Ol. lini ʒijss.
 M.—Ft. unguent. —Potter.

R.—Camphorae,
 Chloralis dydrat. āā ʒj-ij.

Rub together until liquefied; then add slowly,
 with friction :

Ung. aquae rosae ʒj.
 M.—S. Ointment. —Bulkley.

R.—Hydrargyri chlorid. corros. gr. j.
 Pulv. aluminis gr. xx.
 Amyli ʒjss.
 Aquae ʒvj.
 M.—S. Apply locally. —Goodell.

R.—Acidi carbolici ʒj.
 Potassae fusae ʒss.
 Aquae ʒx.
 M.—S. Lotion. —J. C. Wilson.

R.—Naphthol gr. ccxxv.
 Saponis viridis ʒxijss.
 Cretae preparat. ʒijss.
 Adipis ʒccxxv.
 M.—S. Apply to parts, and then powder with starch.

R.—Sodii biboratis ʒss.
 Morphinae sulphatis gr. vj.
 Aquae rosae ʒviiij.
 M.—S. Lotion; apply twice daily. —Meigs.

R.—Ol. staphisagriae ʒj.
 Adipis ʒj.
 M.—S. Apply once or twice daily. —Balmanno Squire.

R.—Aquae laurocerasi ʒj.
 Acidi nitrici dilut. ʒss.
 Acidi hydrocyanici dilut. ʒiv.
 Glycerini ʒj.
 Lactis amygdalae ʒxij.
 M.—Ft. lotio. For pruritus vulvae. —Greenhalgh.

R.—Zinci oxidi ʒjss.
 Potassae bromidi ʒijss.
 Ext. cannabis indicæ ʒss.
 Glyceriti amyli ʒvijss.
 M.—S. Wash vulva with very hot flax seed tea, and apply above. —Ménière.

R.—Acidi carcolici ʒiv.
 Glycerini ʒj.
 Aquae q. s. ad ʒj.
 Ol. menthae pip. ʒjss.
 M.—S. Use as a spray, with atomizer. —Hardaway.

R.—Thymolis ʒj.
 Liq. potassae ʒj.
 Glycerini ʒij.
 Aquae ʒvij.
 M.—S. Lotion. —Crocker.

A NEW TREATMENT OF HYPERTROPHY OF THE PROSTATE GLAND.

By G. BETTON MASSEY, M.D.
 PHILADELPHIA.

I DESIRE to call the attention of the profession to a new and radical method for the treatment of prostatic hypertrophy, by which it is believed that the unfortunate sufferers from this hitherto incurable malady may be restored to health. The method consists in an electrically induced involution of the morbid growth, permitting a restoration of the urethral caliber, combined with stimulation of the detrusive power of the bladder by the same means.

It is true that electricity has been used heretofore for both these purposes by others, but, as has been determined by me, in inefficient doses and by faulty methods. The success of the Apostoli methods in arresting and curing analogous fibro-myomatous growths of the uterus suggested to me the possibility of their adaptation to prostatic hypertrophies and neoplasms, and I have been more than gratified with the results.

The analogy between the prostate and the uterus has, I think, been dwelt upon by others. Their proneness to hypertrophic degeneration is by no means the most striking likeness, but in these conditions the morbid actions are practically the same: a reduplication of the natural tissue elements of the organs. As in the uterus, the new growth may project into the cavity, be interstitial, or attached externally by a pedicle. In constitution we have the same admixture of fibrous and myomatous tissue in varying proportions, leading to varieties of shape and consistence, with the added feature in prostatic growths of a greater or less hypertrophy of the natural glandular tissue of the parts. An additional resemblance between the two affections is the lack of knowledge now possessed of the causation of either.

Moulding the method of treatment from a fortunate experience in the cure of many solid fibroids of the uterus, I have been induced to use currents of a power hitherto thought impossible in the urethra, conjoined with powerful applications to the growth through the rectum. At the outset, I must specifically state that the methods, though employing powerful currents, are so directed as to produce a minimum of local disturbance and irritation; a precaution which I regard as possibly indispensable. Not less important is the additional statement that the urethral electrode is always rendered surgically clean in the strictest sense by the most efficient methods, of which I regard heating in the alcohol flame as the most desirable and perfect.

The employment of a powerful constringent action of the galvanic current with a minimum of irritation is made possible by the swelling method. With the electrodes in place, the active electrode within the urethra or rectum and the indifferent on the abdomen, the galvanic current is turned on by means of my controller until a decided sensation is produced (in the glans penis by nerve reference) or the meter shows a desirable dose and is turned off again in a few seconds, the procedure being repeated eight or ten times. It is my experience that a large growth will permit the use of as much as 70 ma. in this way without marked pain at first, though each case must be a rule to itself in this particular. As the growth diminishes the sensitiveness of the prostatic urethra will increase, until finally from 5 to 15 ma. will be the limit. My work thus far has been invariably with the negative pole as the active electrode, as the instruments have been of silver. Two kinds of instruments have been used, both devised and made by myself, and I would hesitate to counsel any one to employ the method unless willing to personally prepare the electrodes, insulate and sterilize them. The least desirable, but at times necessary form of active urethral electrode, is made from a semi-soft prostatic catheter with sharp curve. A needle, threaded with fine silver wire, is passed through the eye of the catheter, and made to pierce the opposite wall of the instrument about a half inch from the extremity. Through the hole thus made, the wire is drawn until a knot at its end engages the inner side of the catheter. The wire is now wound evenly about the instrument to form a conducting surface, extending backward away from the point until about two centimeters of wire surface is exposed. The wire is now carried through to the interior of the catheter and brought through the canal to its external opening to act as a conducting cord for the electrode. This instrument is easily inserted as a rule, but the catheter is apt to be acted upon by the current products and is not easily kept clean. The better electrode is devised from a silver catheter with large prostatic curve. An area of similar size is left bare just back of the first eyelet, and the extremity and the whole of the rear portion is evenly coated with hard rubber, vulcanized on the silver, a suitable attachment for the conducting cord completing it. This electrode can be sterilized in the flame each time before use if the operator is able to repair breaks in the insulation. The bare spot for electrical action may be situated so as to be specially directed to a part only of the periphery of the canal. The abdominal electrode is large and well apposed.

After each galvanic application to the prostatic urethra the instrument should be left in place, and a primary faradic current turned on in a swelling manner. The instrument is now withdrawn and a similar application made to the exterior of the prostate by an olive electrode in the rectum and the same (very large) electrode on the abdomen. The rectal treatment may be employed daily, and is, at times, efficient of itself alone, but the urethral method must be used at intervals of from four to seven days only. Irrigation of the bladder may be practised through the electrode if indicated by the presence of pus or mucus.

Lack of space forbids full details of cases treated at present, but it may be said that of three cases, two are completely cured, aged respectively seventy-three and seventy-five years, and one is improving under treatment. A recent case, a gentleman of seventy-five years, was first seen October 7, 1891, in a condition of total inability to pass the contents of the bladder, which on being drawn by a catheter, inserted

with difficulty, was highly purulent and offensive, though acid. The difficulty had been getting worse for about two years, micturition latterly amounting to a mere dribbling accompanied by sharp pain. Nearly a pint of residual urine was found when the catheter was used after an attempt to void it. On rectal touch the prostate was found to be about the size of a small hen's egg, and the patient informed me that it protruded at defecation and infringed on the rectum so much that the stools were ribbon-shaped. The treatment was begun at once, the condition of the prostate making it possible to use from 50 to 60 ma. every fourth day, the rectal method being used daily with both currents. But little relief was experienced until two weeks had elapsed, when some urine was voided naturally. At the end of five weeks his condition had greatly improved, the gland was smaller, and the residual urine was at times less than two ounces. The current strength was now reduced greatly and a desultory treatment kept up for a time, resulting in reducing the gland to what seemed to be a natural size for even a younger man, the disappearance of the residual urine, and the restoration of normal defecation. Recent inspection showed a continuance of health, and I was assured that the stream was now projected with increasing force.

212 SOUTH FIFTEENTH STREET.

TUBERCLE BACILLUS.

By PROF. SAMUEL G. DIXON, M.D.,
Academy of Natural Sciences of Philadelphia.

BELIEVING it advisable to demonstrate the presence of tubercle bacilli wherever existent, I first showed them to be present in the dust found in public conveyances. This brought about the orders from the street railway companies forbidding spitting on the floors of their cars. The result of this is that the great masses of tuberculous and tobacco sputum on the floors of our public conveyances in our large cities are fast becoming a thing of the past.

This will reduce the number of bacilli thrown into the air by the motion of ladies passing in and out of the cars.

At another time I obtained tubercle bacilli from off the tooth-brush of a tuberculous inmate of the University of Pennsylvania Hospital.

This demonstration may, and I hope will, serve to warn our people of the danger from standing several tooth brushes in a common family tray. One from a tuberculous person, in close contact with another, belonging to a person in health, under such conditions as we often find on wash-stands, there is no reason why the chances are not quite as good for the brush used by the person in health from having tubercle bacilli rubbed onto its bristles from the fertile brush, as there was of my cover glasses over which I brushed the contaminated bristles to prove the presence of the bacilli. When the micro-organisms are once placed on the brush, we can quite readily conceive a person with a lacerated gum inoculate him or herself by cleansing the teeth with the brush so poisoned. Lately the long dress trains worn on the streets by our ladies, suggest another way to carry tubercle and other bacilli into our houses. In walking along the streets we constantly see a dress wipe up portions of sputum from our pavements and floors of our railway stations. *From one of these dresses dragged over the streets, a few times, I was able to demonstrate the presence of seven tubercle bacilli on an inch microscopic slide on which a little dirt off a dress was dusted.*

Knowing, therefore, that these long dresses have dried tuberculous sputum, containing tubercle bacilli on them for the maids to dust off in our ladies' dressing-rooms, most of which are poorly ventilated, we can quite understand how a sufficient number of bacilli and possibly spores can be collected in small compartments to an extent dangerous to at least those predisposed to tuberculosis.

Society Notes.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Stated Meeting Held Thursday, December 10, 1891.

THE seven hundred and thirty-second meeting of the Society was called to order by the President, Dr. DAVID STREETT.

Minutes of previous meeting read and approved. Dr. Melvin Rosenthal was elected to membership.

REPORT OF A CASE OF CYSTIC DEGENERATION OF THE CHORION, (HYDATIFORM MOLE),

Was the title of a paper read by Dr. F. C. BRESSLER.

DISCUSSION.

Dr. J. W. WILLIAMS: I congratulate Dr. Bressler on possessing so perfect and beautiful a specimen of this interesting condition. We do not see as many cases now as the older practitioners did. I gather this from my reading, in which I find so much was said and discussed as to this condition, and so many cases were reported, that I am inclined to think that they are rarer now than they used to be.

Virchow, to whom we owe so much in pathology, tells us that they are not cystic, but are a myxomatous degeneration of the chorion, and that they have a mucous tissue within.

Dr. BRESSLER: I think it is Playfair who says that echinococci have escaped from the liver and have set up this hydatiform condition in the uterus; these are always fatal. This kind, if promptly treated, are not fatal. In this the cysts are distinct, whereas in the echinococci form there is one cyst; this is a diagnostic point.

OCCASIONAL "HARDNESS OF HEARING," SOMETIMES THE ONLY SYMPTOM OF ADENOIDS OF THE NASO-PHARYNX,

Was the title of a paper read by Dr. HIRAM WOODS.

DISCUSSION.

Dr. HARLAN: It is curious that in these cases of adenoids in children some of them should escape loss of hearing, but some of them *do* escape. Whenever I have seen any symptoms of these adenoids in children under six years of age, they were always to be found. The most notable symptom is mouth-breathing; other symptoms are chronic pharyngitis, "hardness of hearing," etc., and where these symptoms are present they should be treated. Of course where they give no symptoms they require no treatment, as in these cases they shrink up and atrophy at twelve to fifteen years of age.

Dr. WOODS: I make it a point to examine every patient where there are any symptoms of adenoids, and in young children, especially if they complain of deafness, I usually find them, and in those cases of deafness where I do not find them they are adults. The particular point I wish to make is that where

these adenoids are on the posterior wall of the pharynx, they are dangerous to hearing. When mothers complain that their children "do not hear very well" they should be treated then, and if properly treated they will probably be saved from deafness in after-life.

THE PART PLAYED BY LEUCOCYTES IN INFLAMMATION, IN THE LIGHT OF RECENT BACTERIOLOGICAL INVESTIGATIONS,

Was the title of a paper read by Dr. WM. T. HOWARD, JR.

DISCUSSION.

Dr. A. D. MANSFIELD: We are indebted to Dr. Howard for his valuable paper, especially for his suggestion as to the application of warmth, in the shape of hot poultices, to inflamed parts, to assist the leucocytes which are the natural enemies of disease.

Dr. HIRAM WOODS: While the deductions drawn by Dr. Howard are generally correct, we cannot be too rigid in their application. The application of heat in furuncles of the ear will allay the pain, but it is promptly followed by a number of furuncles. This is explained by Lowenberg in his theory that the warmth softens the tissues and allows the organisms of the furuncles to migrate. Incision of the part and the free flowing of blood will cause an abatement of the trouble. In gonorrhoeal ophthalmia, cold lessens the congestion and relieves the pain, thus obviating the danger of suppuration of the cornea. Cold applications to such an eye and the instillation of a few drops of a solution of nitrate of silver causes a serous discharge, which allays the congestion. These are clinical facts and we should not lose sight of them.

Dr. J. W. CHAMBERS: I think Dr. Howard's paper is confirmatory of clinical facts. There is more than one factor in any infection; every individual possesses a resistance to certain infections; for instance, the frog resists the action of anthrax, the most virulent infection. So with man; some of us have a greater power of resistance than others. One man will have pneumonia and recover, another man of the same physique will rapidly succumb. In inflammation the tissues have all they can do to continue the vitality of the part inflamed, and we all know that cold lessens the vitality of tissues. Bilroth took the ground, some years ago, that abscesses should not be opened too early; he says that early opening exposes the healthy tissues to the action of the infection. So with bold, deep incisions, they may add to the patient's comfort, but may increase his chances of infection.

Dr. J. W. WILLIAMS: I endorse Dr. Howard's paper fully, especially that part relating to the blood-clot. My work on the corpus luteum serves to confirm it. Bumm, in a recent work on Sapræmia, demonstrates in the vast majority of cases not only putrefactive bacteria but also streptococci, thus showing it to be a variety of septicæmia. On section of the uterus, he found a superficial area of necrotic tissue containing the organisms, under which was a wall of leucocytes, their object, apparently, being to prevent the organism from further entering the tissues. In virulent cases the wall of leucocytes was not found, showing that they were no longer able to control the inroads of the organism.

Dr. W. T. HOWARD, JR.: The object of my paper was to direct attention to the part played by leucocytes in inflammation, not to the whole field of inflammation. In answer to Dr. Woods, I would ask

how could hot poultices produce furuncles unless there had been a previous infection? As to the use of the knife in inflammation, it does good, not in partly formed abscesses; but in cellulitis of the hand, for instance, where there cannot be enough hyperæmia for nature to cope with the inflammation unaided, there the cutting of the hand allows of a free flow of blood, and thus facilitates the migration of the leucocytes to the inflamed tissues.

Stated Meeting Held Thursday, January 28, 1892.

THE seven hundred and thirty-fifth regular meeting of the Society was called to order by the President, DR. DAVID STREETT.

Minutes of previous meeting read and approved.

The report of the corresponding secretary was read and adopted. It showed an increase of 33 members during the year, with a total loss, from all causes, of 7 members, making a net increase of 26 for the year; the membership at present numbering 120.

The report of the treasurer was read, and after being audited and reported favorably upon by the executive committee, it was adopted. It showed the finances of the Society to be in a flourishing condition.

The following gentlemen were elected to membership: Dr. John D. Blake, Dr. E. D. Ellis and Dr. R. C. Rasin.

The following officers were elected to serve for the ensuing year: President, Dr. Frank C. Bressler; 1st Vice-President, Dr. Herbert Harlan; 2d Vice-President, Dr. Louis F. Ankrim; Corresponding Secretary and Treasurer, Dr. W. H. Norris; Recording and Reporting Secretary, Dr. J. Wm. Funck; Executive Committee, Dr. Wilmer Brinton, Dr. David Streett and Dr. W. S. Gardner; Committee of Honor, Dr. Chas. M. Morfit, Dr. Wm. H. Schwatka and Dr. Wm. F. Smith. Committee on Lectures and Discussions, Dr. J. Fussell Martenet, Dr. Jno. W. Chambers and Dr. A. D. Mansfield.

The Society then adjourned to the banquet hall and celebrated its twenty-first anniversary, in discussing delicacies of the season, toast and song. Dr. Geo. H. Rohé was toast-master, and presided with the grace characteristic of him on such occasions. The toasts and the respondents were as follows:

"The Retiring President," Dr. David Streett.

"The President-Elect," Dr. F. C. Bressler.

"Our Society," Dr. Wm. H. Norris.

"Our Sister Societies," Dr. Robert W. Johnson.

"The Hospital," Dr. W. S. Thayer.

"The General Practitioner," Dr. Geo. J. Preston.

"The Specialist," Dr. A. D. Mansfield.

"The House We Live In (The Patient)," Dr. R. G. Davis.

Dr. J. Wm. Funck sang several songs.

Dr. H. G. Harryman, accompanist.

Forty-six members and their guests participating.

J. WM. FUNCK, M.D.,

1710 W. Fayette St.

Secretary.

CLINICAL SOCIETY OF MARYLAND.

THE two hundred and sixty-first regular meeting of the Society was called to order by the President, DR. ROBERT W. JOHNSON.

FREE DISPENSARIES, OR THE PHYSICIAN AND THE POOR,

Was the title of a paper read by DR. W. B. PLATT.

DR. PLATT in his dispensary work adopts, as nearly as possible, the following plan:

Inhabitants of certain squalid alleys, well known to him, are treated without question. The destitute and forlorn, whose aspect is unmistakable to one having dealings with the poor, come in first of all for treatment. Mechanics, artisans or laborers, out of work and out of money, and the poor families of drunken and worthless men, are all entitled to free treatment. Adults who have to pay for their board and lodging out of wages less than five dollars per week, are treated free. House servants earning ten and twelve dollars per month can, and do, pay physicians for advice.

DR. I. E. ATKINSON said: This subject, as Dr. Platt has pointed out, bears upon the patients, the physicians in attendance and the profession at large. The abuses of dispensaries is a world-wide complaint, and the difficulties that stand in the way of correcting them are almost insuperable. In the first place, the presence of a person at the dispensary is a confession of poverty, and when questioned in regard to their financial condition, nearly every patient is prepared to say that he is unable to pay the fees of a physician. Occasionally one encounters patients who, when questioned, avow their ability to pay and are properly excluded. I think that the evils of dispensary service are more apt to be developed in dispensaries other than those in which patients are used for clinical purposes. The presentation before a class of students is, to persons who are not degraded, a very disagreeable procedure, and they will refuse to come again unless compelled by necessity.

What kind of patients are entitled to relief? Every one admits that the pauper is a proper person. There is not so much unanimity of opinion with regard to the relief of those persons who are brought to that condition by their own vices. Never mind what his faults, nor what his vices, nor how utterly beyond the pale of ordinary sympathy he is, as soon as he is sick he becomes a worthy object of charity. In this way medical charity differs from almost every other kind of charity.

Dr. Platt mentions another case that especially appeals to my sympathy, viz., the wage earner who makes ten dollars per month. As to whether or not he shall pay, depends entirely upon how much he is called upon to pay. A fee of one dollar would be ten per cent. of his income for the month, and his medicine would cost, perhaps, five per cent. more. It may be that he should not be the beneficiary of a free dispensary, but a provident dispensary, the absence of which in Baltimore I very much regret. I further believe that the man who earns one dollar or one dollar and a half per day and supports his family, is entitled to modified relief. This man, by careful economy, is able to keep his family alive, but he cannot support them in comfort. Just as soon as a member of his family fall sick his expenditures are enormously increased, while his income remains the same or is diminished. If he himself falls sick the income stops while the expenses increase. I think that one of the great needs is that modified form of charity which we recognize as a provident dispensary. This idea of a provident dispensary is not a new one. The individual pays into it so much per month, and his membership entitles him to receive the services of good, intelligent physicians, who are properly paid for their services by the association, and gets his medicines at a reduced rate. Membership in the dispensary is only granted to those who receive a certain maximum of wages. Such dispensaries have been in existence in England for fifty years, yet the number is small. The justice of them, the propriety

of them, and the benefits to be derived from them, are so manifest that it is difficult to understand why it is that such a limited popularity should be accorded to them.

That there is dreadful abuse in dispensary practice I am convinced; but that the abuse is not altogether on the part of the patients I am also convinced. There are few ordinary day-laborers who feel able to pay the full fees of physicians and the prices of the pharmacist. Some do it from pride, some from principle, and some they know not why. But in cases of continued sickness it is absolutely impossible for them to pay physicians' fees, and they are forced into incurring debts, which they know they cannot pay. I am an advocate of that form of relief which shall not pauperize the individual, but will enable him to secure for himself and family proper professional advice and necessary medicines without too great a strain on his purse.

DR. PLATT: I think Dr. Atkinson's point in regard to there being less abuse in dispensaries where patients are used for clinical material, is well taken; and yet the great howl that has gone up recently has been on account of a dispensary which is used almost exclusively for purposes of instruction. I think there are many persons who are perfectly shameless about getting charity. There is generally a look about a person who lives poorly and miserably that enables you to spot them as quickly as you can tell a wharf rat from a common one. They have poverty written all over them. There is a middle class, whose earnings are not much, yet who have deposits in the savings bank and ought to pay. There are physicians who would make a reasonable number of visits at half price, and they can get reduced rates at the pharmacists. As to having patients pay at a dispensary, that has been tried. The only thing that has not been tried thoroughly is to carefully investigate each patient by a visit to his home. I have had people come to me at the dispensary who owned houses and had bank accounts, others with a large number of children all earning good salaries.

I think the key to the whole matter is to look up each individual and see whether or not he can pay. I think there are very few physicians in this room who charge all persons alike. If a patient cannot pay my full fee I treat him for less.

DR. HERBERT HARLAN: I have had experience with different dispensaries ever since my student days. I believe that at the dispensary of the Maryland University, where patients are used for clinical purposes, there is very little imposition. It may be on account of the large class of students, for the tendency of people is not to go before a class of students. I have known a good many patients to go to that dispensary on other days of the week, and to absent themselves on the days of the clinic. There is, however, quite a large class of people who like to hear their cases discussed. The Baltimore General Dispensary is not imposed on much, because the physicians visit the patients' houses, and see whether they can pay or not. The great abuse is undoubtedly in the special dispensaries. We have tried a good many devices to prevent those who ought to pay from receiving services free. One was for the physician to question them as to their ability to pay. Sometimes they answer yes, sometimes no. Some say they can pay, but others who can pay are treated free. Here is the point that I want to especially raise here. At a special dispensary it is a daily occurrence for patients to say, doctor so and so, my family physician, sent me here to have my case treated. Physicians themselves are

not as particular about these things as they might be. We ask such people if they pay their family physicians, and they reply, certainly we do. Then we refuse to treat them. We have tried in another way to prevent abuse, viz.: by having a clergyman, who is regularly employed for the purpose, to go about the waiting-room and question the patients, and act as judge as to who shall or shall not be treated. This, I think, is a move in the right direction. We are indebted to Dr. Platt for calling our attention to this matter, and we ought all to make an effort to do away with the abuses.

DR. I. E. ATKINSON: The physician who charges but small fees knows that in many cases his patient cannot pay the fees of a special practitioner. I frequently have had patients, who pay me, go to a special dispensary. They do not ask my opinion about it. They say they cannot pay specialist's fees. I think the standard in regard to this class of patients should be a little different from that of the class going to the general dispensaries.

DR. J. EDWIN MICHAEL read

A REPORT OF EIGHT ADDITIONAL CASES OF
EXTERNAL PERINEAL URETHROTOMY
WITHOUT A GUIDE,

these cases being in addition to nine cases already reported by him in the spring of 1887.

DR. PLATT thought that considering the difficult nature of the operation, the success of Dr. Michael was astonishing and very unusual.

DR. ROBERT W. JOHNSON spoke on

A CONVENIENT AND COMPREHENSIVE METHOD OF
INSTRUMENT DISINFECTION,

and exhibited the apparatus which he devised and uses. Dr. Johnson boils everything except himself, his patient and the rubber tissue. He boils ligatures, instruments, needles, gauze, etc., and also the trays which hold them. The boiler is a plain tin one, large enough to accommodate the trays, with spigot attached near the bottom. A nest of elongated trays of graniteware is found most convenient. Before leaving his office he goes over the instruments that will be required and puts them in a tray. The dressings to be used are put in another tray, and so on, and finally the trays are built up one upon the other, and all are put into the boiler which is put into the back of the wagon. At the patient's house the boiler is filled up with boiling water, put upon the stove and boiled for twenty to thirty minutes, while the patient is being prepared for operation. When ready for operation, the trays are lifted out by means of sterilized button-hooks. The boiler is put in an elevated position, a rubber tube attached to the spigot, and the boiled water is used for irrigation. It makes no difference whether knives or dressings touch the sides of the trays, for they are quite aseptic.

DR. HERBERT HARLAN asked what means were taken to prevent the rusting of instruments in boiling. He had noticed the curious phenomenon that the steel blades of a set of knives with aluminum handles rusted more readily than those of knives with ivory handles.

DR. CHUNN asked Dr. Johnson's method of preparing his hands for operation.

DR. JOHNSON: By adding a slight amount of bicarbonate of soda to the water rusting of instruments during boiling is prevented. I sometimes use bichloride on my hands and sometimes potassium permanganate, cleaning it off with oxalic acid. The latter is probably the best method.

The Times and Register

A Weekly Journal of Medicine and Surgery.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
A. E. ROUSSEL, M.D., French Exchanges.
W. F. HUTCHINSON, M.D., Italian and Spanish Exchanges.
HERMAN MARCUS, M.D., German Exchanges.

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THE FEMALE PHYSICIAN.

THE following criticism has been made upon the female doctor. It may be premised that the critic is an advocate of co-education in medicine, and of the fullest opportunities being given to women who desire to enter the medical profession.

He says that the woman is the best student; she comprehends her task more quickly, and her memory is more retentive. She is more attentive as a listener, and devotes herself to her studies with more enthusiasm, more singleness of purpose, than the male student. In competitive examinations she excels all but the very best of the men; the average woman ranking higher than the average man. But there she stops. When she attempts to put her book-knowledge into practice, she is helpless. So is every young graduate, comparatively; but the man gets over this—the woman don't. In all that distinguishes the true physician beyond the scholar, she is, and remains, deficient. Many a country practitioner never sees a patent splint, but with his jack-knife whittles out of a shingle a better apparatus for the case he is treating than he could obtain from Tiemann. This mechanical aptitude is an unknown quantity to women. They insert a pessary, but it doesn't fit; a tampon, and it is too little; and they never know why they have failed until they have asked some man. They do well enough when their way is plainly marked out; but when left to their own judgment they fail. In the great emergencies of practice, when the indications are dubious, the authorities shed but a doubtful light on the subject, and life or death hangs on the decision, the woman is morally certain to adopt a vacillating, tentative method, that is sure to end in disaster, unless she has a man's advice to fall back upon.

She is Brahminical in her methods, and given to transmitting her lore by word of mouth, disdaining to put her observations into print. Excepting one grand woman who combines all that is good of the masculine and the feminine intellects in her single person, there is no medical literature derived from the female physician.

But now for the other side. When she has the masculine support back of her, she is grand. Never an observer so keen; a critic so incisive, a judge so accurate as she. When she has concluded her discussion of the case, there is nothing left unsaid; no elements are omitted; no points overlooked. The plan once laid, she can safely be left to carry it out intelligently and faithfully. In the arrangement of the sick-room, she at once demonstrates her superiority by making the patient comfortable and happy, with an appreciation of his needs and a keen insight into his mental state, which the ruder sex can only admire and wonder at, without being able to imitate. In a word, she is the most invaluable of partners, the most skilful, quick and intelligent of assistants, the most satisfactory of attendants.

In fact, doctor as she is, she is still a woman; and, as such, not a complete and independent being, but a complementary one; requiring the association of her masculine half with her in the work. And let it not be thought that in this there is any thought of relegating the woman to a position of inferiority. Her work crowns and adorns that of man; it is the superstructure of which he is the foundation. Necessary as he is to her, she is equally essential to him. While he gets along and practises medicine without her, in a sort of a way, he does not know, poor fool, what bungling he is at, and how much better he could do with her assistance.

The conclusion of our correspondent is, that while the medical profession should be opened widely to the women, they should be allowed to enter as matriculants only upon condition that they will not attempt to practise alone, but will, as speedily as possible after graduation, ally themselves, matrimonially or in other legal partnership, with physicians of the masculine persuasion, and thereafter carry out their life-work in that divinely-ordained completeness that is only possible in such a union.

Let it clearly be understood that this is not an exposition of the editorial belief of this journal.

The subject is open for discussion, if any of our readers deem it of sufficient interest.

Annotation.

THE venerable Dr. Hiram Corson, after practising medicine for sixty-four years, has still vitality enough to withstand an attack of dysentery in November last, and another of influenza in January. Think of this, ye degenerate men of latter days, who break down with neurasthenia after a few years' work! We hope to present our readers a letter from Dr. Corson in the coming "Scarlatina Number," giving his views on the treatment of this disease.

Letters to the Editor.

DIPHTHERIA.

I HAVE not seen your "Diphtheria Number," but from what I have heard of it, I have no doubt there are many good things in it. But I want to have a little talk with Dr. Barckley, who, in your

popular journal of February 6, page 135, expresses the opinion that "We are as helpless in the severe cases as we were fifteen years ago."

If this be true, what becomes of all our boasted progress? About thirty years ago there was an epidemic of diphtheria in a country district in Canada, that swept over the hills and through the valleys of that sparsely settled region like a very besom of destruction. One man I know—a farmer—who lived on a high hill, almost a mountain, had a family of twelve children, ranging in age from a full-grown young woman to an infant. Diphtheria came to that home, and in a few short weeks eleven of his children were carried to the grave. Only one survived. The physician who attended them was an exceptionally clever and well-educated man, who is now one of the leading practitioners in a large city of Canada.

In 1879, a few months after I had taken a post-graduate course in New York College of Physicians and Surgeons, I was confronted with almost precisely a similar case.

A man and his wife and eight children, living in the suburbs of St. John, N. B., in a small two-room house, were attacked with diphtheria.

A very old and infirm physician was called to the first child attacked, and he died in about two days. The second child became moribund in about the same time, and four more of the children were down with it by the end of a week after the first child was taken sick. The family and the doctor were by this time thoroughly frightened, and the old gentleman wished to retire, and his request was granted.

I was called to the cases. When I entered the house the odor was powerful and sickening. One child lay dead in one corner of the room, and another in the opposite corner dying. The four who were ill up-stairs, all in two beds—the boys in one, the girls in the other—were so sick that two of them were not expected to live. I took charge of the house at once, and in less than two hours there was no bad smell about it. Disinfectants were freely used, especially chloride of lime and carbolic acid—bichloride was not in vogue then so fully as now—carbolic acid gargles, tr. ferri chlor. and potass. chlorate were freely used, and plenty of brandy and milk. The remaining two children came down with it within two days after I took charge, but had it very slightly, and, strange to say, every one of the six got well; although the boy who was the third to take it had a terrible struggle for life. He was fourteen years old, strong and healthy, but the membrane covered the tonsils, velum palati, uvula, pharynx, posterior nares and roof of the mouth, and its disappearance was followed by partial paralysis of the palate, so complete as to almost prevent him from swallowing at all, and later by general paresis of his whole body, except the internal organs. But he recovered entirely in about twelve months. These two instances indicate about the progress that had been made in the treatment of diphtheria in about fifteen years before 1879. Since then I have added two or three remedies to my list, after having carefully considered or tried about all of the remedies brought to the notice of the profession by the medical journals and other mediums of information.

The burning of turpentine and tar in proximity to the patient is useful in nasal diphtheria, and spraying with lime-water will often dissolve the membrane.

But the best of all local applications is sulphocalcine. It can be sprayed on the membranes or applied by saturating a piece of absorbent cotton

with it, and pressing it gently against the membrane, or by gargling. Spraying does best in most cases. It can be used full strength directly on the membrane, but should be diluted one half for spraying, and reduced much more as soon as the membrane is dissolved.

Believing as I do that diphtheria is a local disease always in its inception, early treatment is absolutely necessary in malignant forms in order to save the patients. Some patients seem to get so much of the poison that the whole system is overwhelmed at once. Such cases are seldom saved. They are seldom seen in time, and because the membrane in such cases does not first form on the tonsils, their great gravity is overlooked in the beginning of an epidemic, and they die. Of course, when a town or settlement becomes saturated with the diphtheretic poison, Klebs-Loeffler bacillus, Cohn's micrococcus, Oertel's unknown or unnamed bacterium, or what not, there is no chance to disinfect the whole place, and many must of necessity die.

But I am quite sure we have much better treatment than we had thirty, or even fifteen, years ago, when the tonsils were cauterized with solid nitrate of silver, and the membrane torn off with forceps or swabs until the throat of the poor victim was literally raw and ready to absorb all the poison that came in contact with it.

Dr. Barckley may ask if I ever lost a case. Yes. I have lost several, and expect to lose more if I ever get into a malignant epidemic of this most invidious of all acute diseases.

The internal use of the bichloride of mercury has been a perfect failure in my hands, although I have not used it in many cases. Calomel also, except as a cathartic, has not been of any use, so far as I have tried it. But carbolic acid, chloride of lime, burning tar, sulphur, chlorine and moist sulphurous acid gas will disinfect any house that does not get a constant supply from the sewers or cesspools, if thoroughly and freely used. All of these named need not be used, but I prefer two or three of them used in solution, and to do it well the physician should see that the disinfectants are properly used, not only in the sick room, but in every part of the house and about the premises.

The fact is we do not do as well as we know in this regard. We give medicine, etc., but we do not change the air the patient breathes and give him sterilized air. We cannot always do this, but we should aim to do it.

THOS. W. MUSGROVE, M.D.

PUYALLUP, WASH.

THE U. S. MEDICAL PRACTITIONERS PROTECTIVE ALLIANCE.

IN your issue of December 5, 1891, you make some rather sweeping statements, when you say (page 487) that the promoters of the "so-called" "United States Medical Practitioners Protective Alliance," are men of no "ethical standing." So far as my own professional, or "ethical standing," is concerned, I refer you to the published "Transactions of the Medical Society of Pennsylvania," particularly to the copy of 1889, for an account of the history of the Adams County Medical Society, which will show you your error in my case. As to Dr. Wilson, of West Haven, Connecticut, and Dr. Davison, of Glendale, New Jersey, they are both men of good standing in the profession. So also, I believe, is Dr. Crim, of Baltimore, and I know that the majority of the members are.

So far as Dr. DeWolf's having been expelled from the "Maryland Medical Society" for advertising is concerned, I know nothing in the case. Had I known that, I might not have joined it, but it is not a medical society, but a business society of medical men, and the code of ethics adopted is the same as that of the "American Medical Association," in most respects.

I request a retraction of your statement, so far as I am personally concerned.

R. B. ELDERDICE, M.D.,

Treasurer Medical Practitioners Protective Alliance.
McKNIGHTSTOWN, PA.

[The editorial note in question was based upon statements made in the *Maryland Medical Journal*, that, so far as we have seen, have not yet been publicly contradicted. If the members of the Alliance feel aggrieved, it is to the Maryland journal they should apply, and not to those who simply repeated its statements. As far as Dr. Elderdice is concerned, the allegations did not apply; as his ethical standing is unquestioned. The same may be said of others, probably nearly all of the promoters of the Alliance. It is due to them and to us that the *Maryland Medical Journal* should state which of these parties is of low standing, and also its reasons for making the statement.—W. F. W.]

The Medical Digest.

A NEW FAD.—It is said that a Vienna ophthalmologist has introduced a new operation, over which some of the European eye-specialists are running wild. The operation consists of the removal of the crystalline lens, for the cure of myopia. Valude reports one operation of this nature performed upon a child only six years old.

VON BOLLINGER reports the case of a girl sixteen years of age, who died after prolonged suffering from gastric disorder. Her stomach and duodenum were enlarged so that they measured twenty inches in length and ten inches in breadth. They were found to be packed with hair. The girl was not known to have swallowed hair at any time.

IN the Weekly Medical Review, Dr. L. R. Markley describes a case of progressive atrophy of the right buttock, with sciatic pain of five years duration. She had worn a pessary constantly for seven years; probably one of those Hoffman soft-rubber abominations. Not finding any other cause for the atrophy, the pessary was removed, with the result that the atrophied limb began to improve, and in six months had almost disappeared.

DR. KUSAKA ON THE INFLUENCE OF FLIES ON INFECTIOUS DISEASES (*Official Gazette*).—To assume the fact that flies often convey the virus of infectious disease from one to another, he investigated it precisely by bacteriological experiments, especially on bacillus prodigiosus, bacil. tuberculosis and bacil. anthracis. The results obtained indicate the fact of the case. Thus, when the spread of infection is obscure at the time of cholera epidemics or typhoid fever, we cannot deny that flies were the agents. Such germs as cholera bacilli cannot long survive in the dry state, but when taken in the flies' abdomen are the same as when protected in a nutrient fluid, and those having spores, as bacil. tuberculosis or anthracis, may be scattered on food without change by means of the excrements of flies.—*Sei-i-kwai*.

A NEW POSOLOGICAL METHOD.—M. Polaillon brought under the notice of his colleagues a new method of dosing toxic agents, which would prevent accidents in prescribing. Within the last few years some medical men have been rather unfortunate in contributing to the death of patients by insufficient knowledge of the toxicity of certain drugs, such as digitaline, strychnine, and more especially aconitine. A recent case of poisoning by the latter alkaloid occurred in the provinces, but the doctor was acquitted, as the patient did not fully follow out his directions, at least the court gave him the benefit of the doubt. The new method proposed consisted in dividing the maximum dose of the toxic agent into twelve parts, one part to be taken every hour. In this case the prescriber will not have to trouble himself about the maximum dose of any dangerous drug to be given in the twenty-four hours.—*Med. Press*.

LAPAROTOMY FOR CONTUSION OF THE ABDOMEN.—At the Société de Chirurgie, M. Michaux related a case of laparotomy for contusion of the abdomen. The patient, aged thirty-six, an engine-driver, was violently struck in the abdomen by some iron instrument projecting from another engine coming in an opposite direction. When brought to the hospital the house surgeon found him laboring from intense shock, and in his judgment incapable of supporting immediate intervention. On the following morning his condition was improved, the pulse was good, and the body warm. Laparotomy was suggested and accepted. A quart of black blood was removed, and a small artery of the omentum tied. In exploring further, M. Michaux found a rent in the angle of the colon underneath the liver, and behind, a perforation of half an inch in diameter, through which some fecal matter was escaping. Both of these ruptures were sutured, and the cavity well washed out antiseptically. The patient made an excellent recovery.

CHLOROFORM NARCOSIS.—At the meeting of the Free Society of Surgeons, Dr. Gisevius brought up this subject. He stated that in the Augusta Hospital a new method of administering chloroform had been for some time in operation. This consisted in giving the chloroform in drops only, continued for from five to ten minutes, until the patient was completely narcotized. The patient was not touched at all until anæsthesia was complete. The disappearance of the corneal reflex was not always, he said, a decisive indication. The advantages of the method were, absence of all the reflexes proceeding from the mucous membranes, the stage of excitation was also absent, the patient generally lay at the close of an operation in the same position as at the commencement, the quantity of chloroform required was distinctly diminished, only 0.05 ccm. per minute in place of 1 ccm. No unfavorable signs such as cardiac syncope, or failure of respiration had been exhibited in the Augusta Hospital since the new method was introduced. Hr. Bardeleben said that most of the spirit drinkers came to his department, and he could not dispense with the subcutaneous injection of morphine administered twenty minutes before the administration of the anæsthetic, otherwise too long a time would be taken up with it. Generally speaking, as regarded the males that came under treatment in the Berlin hospitals, it would be best to keep to the old method of administration. The pure chloroform of Pictet acted more quickly, and at the same time in a milder manner, and less was required. Hr. Koite said he had had a very unfortunate experience with

Pictet's preparation; a death occurred among the first twenty five cases in which it had been used. Death took place in a young man of eighteen when from 8 to 10 grm. had been used. The heart was sound, and there was no fatty degeneration in any organ. The case strengthened his conviction that deaths from chloroform were not, as a rule, due to any impurity in the drug used, but to the individual characteristics of the patient. Hr. E. Hahn gave chloroform by gradual droppings; the anæsthesia was extraordinarily favorable, even in drinkers. He let about sixty drops per minute fall from an ordinary drop-bottle upon the mask.

THE PROPHYLACTIC TREATMENT OF INFLUENZA.

—M. Ollivier, in speaking of the prophylactic treatment of the grippe before the Académie de Médecine, said that the affection was certainly contagious. The predisposing cause, at least the best known, is damp cold. Consequently it would be wise to remind people of the necessity of taking particular precaution against it, especially those who are tuberculous or debilitated by other diseases. Beside this recommendation, which is rather commonplace, there exists a drug which in his hands proved eminently useful; he spoke of cod-liver oil. During the epidemic of 1890 he prescribed it to thirty children, and none of them were seized with the influenza, whereas several of their brothers and sisters who did not take the oil were attacked. This winter he submitted a certain number of persons to the above prophylactic treatment, and had observed only one case amongst them, and that a mild one.

Although he did not pretend to attribute to cod-liver oil a specific action over the influenza, he believed, nevertheless, that it had acted as a powerful tonic on the organism, and in that respect guaranteed in a certain measure those who took it.

M. Le Roy expressed the opinion that a great many persons could not take cod-liver oil, having a strong repulsion to it, and on the other hand, the diagnosis of the grippe was in many cases difficult to establish, as very different affections were not infrequently ascribed to it.

M. Vallin agreed with the last-named speaker, and added that it would be well to recommend a proper antisepsy of the mouth, nostrils and throat. He considered the mouth to be the door through which most microbial maladies enter.

MORE ABOUT THE INFLUENZA.—Hr. Canor showed at the last meeting of the Society for Innere Medizin some cultures of the influenza bacillus. He said he could always cultivate them from the blood. If discovered even in small quantities they were a certain proof that the disease was influenza. Pfeiffer, as was known, had found them in large numbers in the bronchial secretion. The fact that they were met with in the blood when there was no cough or local lesion, showed that they were an essential part of the disease. They were to be found in a preparation representing half a drop of blood in thousands. Quite recently, also, he had found them in centrifuged urine, and he believed he had found them in the cornea, in a patient who had keratitis after influenza. This showed that the bacilli circulating in multitudes in the blood could by means of emboli set up all sorts of local diseases.

Hr. P. Guttman said the discovery of the bacilli in the blood was of importance for another reason. We do not know many diseases the originators of which were met with in the blood. If we took away

recurrent fever and malaria, the originators of which did not belong to the group of bacteria, there remained only typhoid, glanders, lepra, splenic fever, tuberculosis, and the various septicæmic diseases, the originators of which were known. In all these diseases, it was an exception to find the germs in the blood. As regarded typhoid fever, only about ten recorded cases were known in which the bacillus was so found. As regarded lepra, there were four cases not entirely free from objection. In glanders the bacillus had been found in the blood in two cases. In splenic fever, as in the septicæmic diseases, a few scattered bacilli had been found. But in influenza, they were not only met with regularly, but in unexpectedly large numbers. He did not believe they entered the circulation through the lungs. The blood examined was from a finger prick of a patient.

Hr. Fraenkel thought it was remarkable that the military barracks had almost altogether escaped this year, although situated in neighborhoods where the disease had been very prevalent.

Hr. George Meyer thought the disease was "miasmatic contagious," and that an attack protected against another. Hr. Schwabach remarked that in mid-November the cases of middle-ear affection became so numerous that he could not doubt the connection between them and influenza, and the less so as the patients generally gave that as a cause. From November 12, 1891, to January 12, 1892, he saw eighty-nine cases of middle ear disease; sixty-three of these cases were caused by influenza. Of these only eight—and these two years before—had gone through an attack previously. From January 12, he had not seen a case. The great weakness of the patients was very striking, the heaviness of the head, and especially the great giddiness. There were frequent hemorrhages. During the last epidemic but one, in one hundred and forty-three cases of inflammation of the middle ear, there were thirty-three of hemorrhage into the tympanum. There must be some connection between the frequent hemorrhages and the influenza. Hr. A. Fraenkel saw the disease terminate five times in gangrene of the lungs, three times fatally.

Professor Gerhardt closed the discussion, first of all attempting to throw some light on the various ideas associated with the words "infectious," "contagious," "communicable." La grippe was, he said, communicable (übertragbar) by human intercourse. For the medical practitioner, things of great importance were the influenza pneumonia, the diseases of the vascular apparatus from endocarditis to embolism of small vessels and gangrene, and finally the diseases of the nervous system, the neuralgic form and the psychoses. Above all stood influenza pneumonia with its characteristic peculiarities. In many cases one could scarcely find a pneumonic patch, and at last find disseminated patches. In others again, a patch would be found, and yet the sputum would remain mucopurulent, not rusty. The anxiety and oppression of the chest during the fever were remarkable, the frequent irritable tendency to cough, the irregularities of the sometimes intermitting, sometimes continuous fever, with complete crisis at the end. Finally, the frequency of relapses as compared with croupous pneumonia was remarkable. As regarded treatment, the employment of wine was the most pressing. At the commencement small doses of quinine were often of advantage; they were better borne than the newer antipyretics. Later, when copious expectoration following cessation of the fever, terpin hydrate ap-

peared to be of service; in sleeplessness and restlessness, tinct. opii. benzoat. at night. In irritable cough, codeine gave better results than morphine.

ON THE LYING-IN DECUBITUS.—The dorsal position so constantly observed for several days after labor I hold to be a mistake, for the following reasons:

First, the soft and enlarged uterus (more especially when compressed by a tight binder drawn by all the force available of either nurse or doctor) must gravitate backward, and so favor the extension of the secretions instead of getting rid of them.

Secondly, in cases where any breach of surface exists (and which must have taken place unobserved during the process of labor), the dorsal position by retaining the discharges longer in contact with the most likely surfaces to be torn, viz., cervix uteri or perineum, may lead to septic absorption, and it is as well to bear this in mind before waiting for such symptoms to develop. And by changing the decubitus on the back (so often assumed by the patient herself, or advised by the nurse) to the lateral or preferably the semi-prone position, the secretions will be much more likely to leave the body more quickly, and thus not be liable to be absorbed by any torn surface, perineum, etc., which may chance to exist.

It is often a matter for surprise to observe the quantity of fluid held by the vagina (after syringing, for instance, when lying down). And when such fluid is of an abnormal character how important it is for the attendant to favor its exit by every means in his power.

Another disadvantage of the dorsal position is that a quantity of lochial discharge collects in utero, and is liable to find its way into the patulous openings of the Fallopian tubes. The semi-recumbent position on the hip I have found useful, or the sitting posture for a few moments when the first twenty-four hours have passed, and I have remarked when this is done the process of involution proceeds more rapidly, the peristaltic action of the bowels becomes sooner re-established, and the lochial discharge ceases at an earlier date.

I consider that if every lying-in patient were to adopt the prone position *directly after the birth of the child*, the expulsion of the placenta would be hastened, and very probably its expression by hand seldom required. This would be in itself, in my opinion, a great advantage if we consider the squeezing and violent pressure backward the uterus has to sustain during the process of "expression," frequently followed by the application of a tight binder.

Is it any wonder then that retroversion of the uterus has been traced (in some cases at least) to the aforesaid practice, combined with the mischievous habit of enforcing the dorsal position in addition on the lying-in patient for weeks after delivery, with the plausible idea of assisting the process of involution and preserving the patient's figure, when it was far more likely to produce an opposite effect. By changing the position each day as I suggest, more perfect drainage of the parturient canal will be effected, and the uterus return to its normal size and position more rapidly. I trust, therefore, that a trial will be made of my suggestions by obstetricians if only for the reasons given.—Duke, *Med. Press*.

SALOL IN GONORRHOEAL ARTHRITIS.—Case I.—A gentleman who had suffered from gonorrhœa for some time strained his knee slightly whilst on horseback. There was great pain and much effusion into the left knee-joint. The limb was put on a splint,

and all the usual remedies, both local and otherwise, were used without any effect. The urethral discharge continued in spite of everything, and the right knee and left ankle also became involved. He was put on 15 grs. of salol three times a day, and from that date his condition improved, the urethral discharge diminished, and the pain ceased, but the effusion did not wholly subside until the joints had been repeatedly strapped with Scott's ointment. In order to make the diagnosis doubly sure, I drew off some of the fluid from the left knee with a hypodermic syringe, and found numerous diplococci as described by Watson Cheyne in his translation of Flüggé's *Micro-organisms*, both free in the fluid and imbedded in the floating epithelioid cells.

Case II.—In the next case the effect was not so well marked. The patient had a urethral discharge for about a month, when the left knee-joint became swollen, red and painful; and, in fact, at one time, threatened to suppurate, so that I feared to rely solely on the salol, and gave him at different times quinine, iodide of potash and salicylate of soda. He eventually got well, though I was unable to satisfy myself whether it was due to the salol or not.

Case III.—The third case was that of a lady who derived no benefit from the salol. I believe the drug is supposed to split up in the intestinal canal into salicylic and carbolic acids, and to be excreted as such or as sulpho carbolates in the urine, and thus render the urinary tract antiseptic. If this be the case, we could only hope for a local action, and this, owing to the shortness of the urethra, would be less marked in the female sex.—Vernon Jones, *Brit. Med. Jour.*

TREATMENT OF EPIDIDYMITIS.—I have nothing new or startling to offer in regard to the treatment of epididymitis, but desire to briefly direct attention to a practical point which I deem of great importance. The majority of practitioners are in the habit of dismissing their cases of epididymitis as cured as soon as the tenderness of the affected organ has sufficiently disappeared to permit locomotion. A moderate amount of induration of the epididymis is usually regarded as of trivial importance.

Anent this fallacious impression, it is a fortunate thing that man is endowed with two testicles, else sterility in the male would be much more frequent than appears to be the case. If the truth were known, however, it is probable that a much larger proportion of childless marriages than is generally supposed could legitimately be attributed to sterility of the male. We are undoubtedly too prone to lay the fault at the door of the womb or the still more abused ovary.

When we consider the delicacy of the structures of the epididymis, and especially the minute lumen of its tube, it is by no means surprising that the organ should go out of service as a consequence of blocking up from pressure of inflammatory exudate. Such indeed is very frequently the case. If by any chance the opposite testicle should one day undergo the same misfortune, the patient is apt to be as harmless from the procreative standpoint, as though he had been castrated. Patients of a gouty, tuberculous, strumous or syphilitic diathesis are peculiarly liable to permanent induration and blocking up of the epididymis. This is a very important point in the question of treatment, and is a very excellent reason why we should not consider our duty done in any case until the induration has been completely removed. Certainly there is more to be done than the relief of pain and difficulty of locomotion. The in-

dications then in a case of epididymitis are not only to get the patient about, but to use such means as tend to produce absorption of the inflammatory exudate. These means may be required for a long period.

Internal treatment should comprise such measures as tend to correct cachexia or to remove any diathetic condition that may be present. Independent of syphilis, gout and rheumatism, mercury and iodine are valuable in producing absorption. If syphilis be present they are *sine qua non*. If gouty or rheumatic taint be suspected, the salicylates and colchicum come into play. The chloride of ammonium has seemed to me of service in promoting absorption of the young adventitious tissues.

Counter irritation is of value. The Ung. Iodinii Co. is here very useful. By far the best local measure is the application of faradism and pressure. The simplest and best method of application is by means of the thumb and fingers—which are much more intelligent than any form of electrode. In applying the current in this manner it is unnecessary to faradize the body of the testes, which should be avoided. Moderate pressure should be made simultaneously with the passage of the current. The best results are to be obtained from the application of the negative pole. Where there is great tenderness or hypersensitiveness it is well to begin by applying the current through the medium of a local warm bath, an ordinary soup-bowl being used for this purpose. Daily *séances* should be given and care taken not to apply too powerful a current. A current of moderate strength is sufficient. As the operator himself receives the current, he is not so likely to apply it too strong. As a rule several weeks' use of the electricity is necessary to obtain complete resolution. In some few cases perfect resolution does not result, and after awhile the process of absorption comes to a standstill. Here the time element is to be relied on, and the electricity used at less frequent intervals.

—Lydston, *N. A. Pract.*

KNEE JERK IN SUPER-VENOSITY.—I have observed that the knee-jerks are absent in some cases of emphysema with bronchitis where the blood has become venous to an extreme degree. Dr. Penberthy and Dr. Collins assisted me in the investigation of the cases alluded to. As the patients we observed were near death when the knee-jerks were absent, I hesitate to come to the conclusion that they were absent as a mere consequence of extreme super-venosity. Dr. James Harry Sequeira has given me notes of the case of a girl, aged nine, suffering from diphtheria, who was tracheotomized (successfully) at midnight on account of urgent respiratory difficulty producing cyanosis. Before the operation, her knee-jerks were absent; next day, when she was breathing easily, cyanosis having disappeared, the jerks were obtained, and they were elicitable until her discharge, about a month after the operation. (This patient was under the care of my colleague, Dr. Stephen Mackenzie.)

Dr. Risien Russell, at my suggestion, examined the knee-jerks of a dog artificially asphyxiated by clamping its trachea; the animal's knee-jerks became exaggerated until knee-clonus was produced; but in the third stage of asphyxia no reaction could be obtained. As (Hitzig, Franck, Pitres, Russell,) asphyxia diminishes, and in an extreme degree annuls the excitability of the motor cortex, it may be that the preliminary exaggeration of the knee-jerk observed by Dr. Russell was owing to loss of cere-

bral control upon lumbar centers, and that these strongly organized spinal centers succumbed later to the poisonous influence of super-venous blood than did the controlling cerebral motor centers.

This communication is merely preliminary, and thus qualifications to foregoing statements are not given, and certain objections, some very obvious, are not stated. One reason for writing this note is to suggest that when oxygen is administered to cyanosed patients their knee-jerks should be tested before the gas is given, and also afterwards. If successfully used, that is, if the patient's blood becomes well oxygenated, it is possible that knee-jerks, unobtainable before the administration of the gas, may be elicitable afterwards.

If super-venosity is a cause of loss of the knee-jerks, the fact may be important with regard to the apoplectic state, and possibly somewhat with regard also to post-epileptic coma. In some cases of apoplexy from cerebral hemorrhage, the knee-jerks are lost, in others not. It is worth while in all cases of apoplexy or coma to note the degree of super-venosity, and to investigate in regard to it, the state of the patients as to tendon-reactions and superficial reflexes.—Hughlings Jackson, *Br. Med. Jour.*

ON THE USE OF OXYGEN AND STRYCHNINE IN PNEUMONIA.—The following facts concerning the treatment of a fatal case of influenza, complicated by pneumonia, are invested with so much interest by Dr. Lauder Brunton and Dr. Prickett's paper on the use of oxygen and strychnine in pneumonia, that I have no hesitation in bringing them under the notice of your readers.

Mrs. C., a widow, aged fifty-seven years, began to suffer early in October from eczema seborrhœicum. The eruption spread successively from the scalp to the vulva. On the inner surface of the labia it assumed a pustular form, and gave rise to the most distressing symptoms, rendering necessary the use of sedatives, which, in their turn, seemed to produce some small degree of mental disturbance. Her strength was so much reduced by pain and sleeplessness that the appearance on January 13 of symptoms of influenza, invested the case with a peculiarly threatening aspect. The temperature rose rapidly to 103° F., was accompanied by coughing, but found little explanation in the condition of the lungs, the signs there being limited to the presence of numerous mucous *râles* at both bases. Without any further increase of temperature or other premonitory signs, acute delirium suddenly supervened. It opened by a pseudo-epileptic fit, and was marked by restlessness, excitement and violence, maniacal in their intensity, and that only the free use of sedatives could control. With the cessation of delirium came a period of general prostration and semi-consciousness. Food could only be administered with great difficulty. The breathing was superficial and frequent, the bronchi obstructed with secretion, finding no relief in abortive attempts at expectoration. The pulse became rapid and weak, and signs of threatening asphyxia added to the gravity of the patient's condition. A hurried examination now seemed to reveal a small area of dullness at the right base. A fatal issue seemed imminent, and was indeed anticipated by a colleague called in consultation. Every means of recovery, however, had not been exhausted, so I determined to try the effect of strychnine in stimulating the respiratory centers. I injected subcutaneously 3ij of the liq. strych. The result being apparently satisfactory, as indicated by a few effectual efforts at expectora-

tion, a stronger pulse and increased consciousness, I repeated the dose at the interval of two hours. The improvement was maintained, and although the condition of the patient during the night was precarious, the breathing, further aided perhaps by creating a moist atmosphere in the room, became easier and regular.

On the following night, however, collapse was again imminent. The strychnine was resumed in larger doses, and again seemed effective, while recourse was had, as a possible valuable adjunct, to the use of oxygen. It is prepared at Nice, in India-rubber bags, to which can be fitted a glass tube for insertion in the nostril. The effect of this combined treatment was as remarkable as Dr. Lauder Brunton seems to have found in the case which forms the subject of his paper. The patient's color grew better, she became more sensible, and "expressed herself as feeling more comfortable." For two days her condition showed very little change, the same treatment being repeated at intervals. Brandy was freely administered, and when feeding was difficult, nutrient enemata and suppositories were substituted.

Sunday was the fourth night of this critical condition, and it seemed that if food could have been taken in any quantity, hope might still have been entertained. This object, however, could not be obtained, and although injections of ether and caffeine were resorted to in addition to the previous treatment, the vital powers gave evidence of flagging. The temperature was then 102° ; indeed it never went beyond 103° . The pulse rose rapidly, and was correspondingly weak; the breathing more superficial, though marked by loud mucous *râles*. The patient became again unconscious, the extremities cold, the fingers and lips cyanosed, the face of a dusky hue, and the skin suffused with cold sweat. The condition was identical with that described in the paper referred to before. It was such that further intervention could only be suggested by the fact that the patient had rallied so frequently from an apparently hopeless state. Extraction of blood offered some prospect of relieving the right heart, and Dr. Allen Sturge, who was summoned in consultation, agreed that it might be resorted to as a last resource. Fourteen leeches were applied in the interscapular region, and the wounds induced to bleed freely.

The result, if only temporary, was extremely beneficial. The cyanotic condition was markedly relieved; warmth returned to the extremities, the breathing was improved, the patient regained complete consciousness, and very shortly asked to drink. Brandy was taken on three occasions, and the pulse for a time regained some power. The improvement was maintained for several hours, but towards morning, though oxygen was still breathed at intervals, signs of approaching dissolution were manifest.

Death ensued some hours later, but by "quiet and peaceful asthenia," to use Dr. Broadbent's expression; a result sufficient to justify the last attempt at relief.

A perusal of the paper by Drs. Brunton and Prickett will show a remarkable similarity in the condition of the two patients, in the means adopted to relieve them, and unhappily, also, in the instability of every promising improvement.

—Gilchrist, in *Brit. Med. Jour.*

SUBMUCOUS LARYNGEAL HEMORRHAGE. — A healthy, robust singer, thirty-six years of age, came hurriedly from the Coates Opera House to my office in May, 1891, stating that during the performance of a part of his rôle requiring a great vocal strain and

bodily exertion, his voice, which was in excellent condition, became suddenly extinct. On reaching the dressing-room at the theater he was seized with a spasmodic cough, followed by the expectoration of a quantity of blood. The hemorrhage, though not copious, was continuous, having commenced about an hour before my assistance was sought.

He was able to relate the above history in a voice disturbed at intervals by slight cough, a clearing of the throat and the spitting of blood.

From the above incidents I was led to suspect the rupture of a laryngeal blood-vessel, which subsequent laryngoscopic examination confirmed. The laryngoscope showed that the entire left ventricular and vocal bands were bathed in blood; but after spraying the larynx with a solution of chloride of zinc grs. v to $\frac{3}{4}$ of water, I saw that the hemorrhage proceeded from a point on the left ventricular band near its central portion. The streaks of blood could be wiped from the mucous membrane, which appeared normal, by employing a laryngeal sound, armed with absorbent cotton. An insufflation of equal parts of gallic and tannic acids was made to the larynx, and a powder containing grs. 1-2 of opium and lead acetate was administered every three hours until hemorrhage was checked. Rest of voice, cold diet, and the free use of crushed ice were ordered him. I visited my patient next morning in his room at the hotel; he spoke with difficulty, the bleeding had ceased, and a firm coagulum occupied the seat of previous hemorrhage. There was partial immobility of the larynx on the left, a want of approximation of the vocal bands, odynphagia and some dyspnoea. The coagulum remained *in situ* until the third day, when complete disintegration occurred. A laryngoscopic examination revealed the fact that an extravasation of blood into the submucous tissues of the ventricular band had taken place. After carefully cleansing the parts by means of a compressed air-spray of aristol in liquid alboline, the hemorrhage did not recur, but a large portion of the ventricular band was visibly ecchymotic and swollen.

The color of the tissues underlying the mucous membrane and corresponding to the hemorrhage infiltration was reddish brown, however, while the left vocal band was of natural color. This condition of ecchymosis continued for two weeks. At this time, however, he had regained his natural speaking voice, and the mobility of the vocal bands was apparently normal. He wrote me that it was three months before he could again fill his place on the programme. I was able to discover no tubercular history in this patient, and at the time of this, his first hemorrhage, there were no signs of pulmonary disease. The solution of continuity and resultant hemorrhage were, in my opinion, attributable to the increased tension to which the laryngeal muscles were subjected.

The peculiar features of this case were the extensive extravasation of blood, the sudden aphonia, and the time required for absorption of the extravasation and restoration of the singing voice.

—Foster, *Kansas City Med. Record.*

COMMON NEUROSES.—Coming next to constipation, it is hardly necessary to insist that there are two predominant factors in its production—the influence of the nervous system direct, and the influence of habit. The influence of the nervous system shows itself by a phlegmatic reaction to the natural stimuli, and this may be either an action natural to the individual; or an unhealthy one, due to a lowered vitality of the centers involved. There is no difficulty in establish-

ing the power of the nervous system to determine the complaint when we consider how in several morbid conditions—melancholia in particular, but in hemiplegics, acute and chronic inflammatory conditions, and so on—one and the other keep time together; and there can be no question that, although the derangement of the bowels is an important element for consideration in promoting the cure, the morbid condition of the nervous system precedes. It is with the bowel as with the stomach, as in a case already noted, the sleeplessness always *preceded* the flatulent dyspepsia. Moreover, who has not seen several times the milder forms of nerve disturbance—the simple depression of spirits, the transient glycosuria that occurs in the overworked, etc.—closely followed by obstinate constipation? It is often thought that the benefit that accrues on a good clear out shows that some of these states are the result of the fouled flues. No doubt this is so sometimes—it cannot be so always; and there is no doubt that the intestine, as regards constipation, is a highly sensitive organ from which we can very often read the temperament or disposition of the man. But that is not all; it is an index of the state of nervous tone and vigor of the patient; and there is many a state of constipation that is not a case for aperients at all, but requires the liberal use of tonics. But I have something to say also on the subject of habit. It is sufficiently obvious that the repeated recourse to aperients conduces to constipation and engenders a habit; but, perhaps, I may say this also—that, impressed as we all become, as years go on, of the primary importance of maintaining the purity of the *primæ viæ*, we sometimes forget in our advice to the patient that aperients are, after all, only a makeshift, and that they are an evil unless the good they do is undoubted. But the point I wish to make is this, that I have often been told by the chronic *pill*, as an excuse for the persistence in his practice of pill-taking, that he cannot leave it off, because if he does he never has a satisfactory evacuation. He appeals, in fact, to the habit that he has cultivated. But I maintain that in some cases he has not fully considered the question, and that he is not always right. And for this reason. The chronic exhibition of aperient drugs, which are in most cases irritating, engenders a state of periodical excitement in the peripheral nerve endings of the intestine, and ultimately raises the unnatural condition to a *natural* one *for them*. When this time has arrived, the bowel may be described to pass through periods of hunger and periods of satisfaction, according as it is being tickled by the drug that has been given or not. The condition is on all fours with the opium-eater's sensorium, and the bronchial tubes of the chronic asthmatic under the influence of repeated inhalation, and the mucous membrane of the habitual snuffer. And this state extends through the whole length of the intestine probably; but in the present case it is the lower bowel that conveys the sensation of a satisfactory evacuation or not. If it feels the bite of the stimulant, then the individual, through his local sensations, describes himself as satisfied; when the bowel is not under the influence of the stimulant, then there is no adequate sensation of a good clearance, and the patient takes his ease in discomfort. The bowel, like the stomach, takes kindly to good living; but when it has been used to the luxury of such dainties as compound colocynth pill, calomel, aloes, and such like, it, no more than the stomach that has been fed on highly seasoned foods, likes to be deprived of them. The rectum is a very pretty judge of quality, but a very poor one of quantity. So that when a patient, after

such means as this, takes to Carlsbad salts and mineral waters and says that they do him no good, and that he must go back to his old remedies, all that he really means is that he cannot control the wishes of his lower bowel any more than the opium-eater can control the cravings of some other part, or the alcoholic his cravings.

But it is not only in constipation that the neurotic tendency of the bowel comes into play. It is even more strikingly seen, if not quite so often, in the explosive diarrhoeas that are common in children, and sometimes dog the steps of the individual even to adult age. I can well remember having for some time as one of my out-patients at Guy's Hospital, a poor, feeble neurotic patient, who was in this unhappy condition—that if any one suddenly came behind him in the street and clapped him on the back with a "Halloo! how are you, old fellow," his bowels would promptly act. I have never seen another case so bad as that; but I have seen several where they had to walk circumspectly; and the well-recognized condition where the mucous membrane of the intestine seems to be over-sensitive and re-acts energetically as soon as food enters the stomach is a similar state of things, and an indication of a temperament. It is certainly a neurotic condition, and may be remedied, as so many of the too sensitive conditions of the nervous system may be, by tonics in part, but much more, I think, by tonics with minute doses of opium added to them.

And this question of diarrhoea leads me on to another very interesting disease that has been called membranous colitis. The term is not a good one, because there is no inflammation, but I mean a condition in which casts, more or less perfect, are passed from the bowel. I first made acquaintance with this disease by the kindness of Mr. E. U. Berry, of Gower street, many years ago. Since then I have seen many such cases, and they have been all, with one exception, in women who were of a markedly neurotic disposition. I have only once, I think, seen it in a man, and then, interesting to relate, it was associated with the presence of ascarides. The cases I have seen have mostly put on similar characters. Here is one. A young married lady, who dates her troubles from blood-poisoning. She is a highly nervous lady, and always afraid she shall be considered hysterical, a very common dread in the over-nervous. She is able to take little food, for when she eats *solids* they are frequently followed by faintness and sinking sensation in the lower part of the abdomen, the extremities get cold, and she has peculiar twitchings. She is excessively particular about the action of the bowels; when they do not act she has an enema. Every eight or ten days mucous casts are evacuated, and before they come she turns sick, and feels so ill and all-to-pieces that she wishes she might die. She has wasted in the last year or two. This passage of mucus will go on for years, and it does little apparent harm, although the patient is generally spare and mostly of an over-anxious or unhappy disposition. I am very interested in this affection, because it will be in the recollection of my hearers that long ago Dr. Eustace Smith described a condition in children to which he gave the name of mucous disease, in which an excess of mucus is passed from the bowels. I had come to the opinion that this symptom occurred in children either of neurotic inheritance, or evidently neurotic in themselves, and, in fact, that it was in some way a part of the neurotic constitution. I believe now that the mucous disease of children is represented in adults by membranous colitis, and that in all

the neurotic constitution is a constant feature. What the bond of association may be is a difficult question; possibly a state of the nervous system that is considered adequate to the production of a torpid liver may produce a torpid intestine too, and in some way the mucous surface becomes coated with its own effete products, a parallel, perhaps, to that thick and harsh condition of the skin which is seen in many a case of mental aberration. I should be not adverse to some such hypothesis, if only for being able by such a means to avoid the word catarrh, which, I suppose, would indicate *activity*, not *torpidity*. The symptom, at any rate, goes with a state of sluggish abdominal organs, and it is in no sense one that has even the remotest likeness to inflammation. It is of interest, too, that it should be associated sometimes with the presence of ascarides. This is no more than one would expect, but ascarides are not a common occurrence in adults. And in relation to them I may mention that both for them and mucous disease, when I have opportunity, I am advising the trial of the oleo-resin of copaiba as a possible means of relief, on the recommendation of my friend, Dr. Argles, of Winstead, who tells me that for ascarides he has found this drug administered in capsules one of the most efficacious of remedies for killing the parasites. But in saying this let me not be supposed to be departing from my affection for principles, and that in these things, as in others already mentioned, the disease is a neurotic one, and is certainly much relieved by assuring the patient that it goes on for years without any appreciable harm to the individual, and that a good tonic of arsenic or strychnine and quinine is almost always beneficial, combined with any local remedies for regulating the working of the abdominal viscera. There are other points of interest in this disease that might well be considered, the emaciation particularly; but they fall beyond the line of my present purpose, and, therefore, I must leave them, though reluctantly.

The consideration of nervous diarrhoea leads on naturally to the subject of stomach ache and abdominal neuralgia, of which I have notes of several interesting cases, but unfortunately no time to relate them. All I can say is that they are exceedingly puzzling, and in several I have hesitated whether there were actual disease, and but slowly come round to the diagnosis of neuralgia. No one feels more than I do that a term of this kind is one of the refuges I have already alluded to, and the grave of many a reputation; nevertheless, there is assuredly a severe form of neurosis in the abdominal nerves, sometimes starting in the stomach, sometimes in the intestines, small or great, and many times owning a uterine or pelvic cause, and which, as far as one can approach to certainty, is of functional character. I have purposely excluded from mention the kidneys, because I want now to make special reference to that organ as a source of abdominal or renal neuralgia, because it is a somewhat novel subject, and because it falls in with what, on the whole, has been the mainspring of these lectures. I am indebted for much of my train of thought on the subject to a single case, seen eighteen or twenty years ago, that made a great impression on me at the time, and has, without doubt, controlled my advice in many a case since. It was that of a woman who was in Guy's Hospital several times, or for a long time, with all the symptoms of renal calculus. She had severe pain of a paroxysmal kind, and repeatedly passed large quantities of blood in her urine, but that she was also a pronounced neurotic no one doubted who saw her, and, I think, in conse-

quence she was subjected to an unusually long period of scrutiny. However, after a long while no one who saw her had any doubt that she must have a calculus in one kidney, I forget which at this distance of time. It was at the period when the first talk and performance of nephrectomy were beginning in Germany, and after long waiting it was at last decided to operate in her case, and the kidney was removed. I think it was the first case that was done in this country. The kidney proved to be perfectly healthy, and no stone or evidence of the previous existence of one was to be found. The patient died from the operation in a day or two, and I made the post-mortem examination, and the other kidney, bladder, and indeed all parts of her body, were absolutely healthy. I have ever since felt obliged to admit that all the symptoms of stone in the kidney may be present, even to the passage of blood from the organ, and yet no stone exist; and the only explanation that seems possible is that under the stress of some severe abdominal nerve-storm emanating from the kidney in a neurotic subject, the circulation of the part may become disturbed, and so the passage of blood was to be explained. I admit, for no one nurtured on the rude facts of morbid anatomy as I have been could help doing so, that in such an explanation there is always a lurking specter of mistake somewhere; nevertheless, I cannot now but think that it does fall in with clinical experience. And for that reason tender and movable kidneys form a subject of the greatest practical importance. In the last ten years I have come across many cases of this sort, and I have taken notes of seventeen cases. Two facts call for notice:

1. The large preponderance of women affected, thirteen to four.
2. That both women and men were almost without exception definitely neurotic.

As regards the preponderating influence of the female sex, it may be that it is really much more common, but it is also possible that it is not so, and that men go about with movable kidneys and do not complain. I suspect, however, that my figures, small though they be, give a pretty accurate idea of the relative frequency of the affection in the two sexes, and the cause of this preponderance may possibly be the prevailing mode of dress in the female. It is needless to say that tight lacing must be a great influence for its production, but tight lacing is not necessary. There are lots of women who would be insulted at the bare suggestion of such a thing, and yet on undressing they have no little difficulty in unfastening their corsets. And if you ask them whether they do not find them tight, they will almost certainly reply that if they had them looser there would be no support. *Support*, therefore, means a very fair amount of constriction of the lower part of the chest, and also a considerable power in extruding the kidney from its snug bed up under the ribs. Thus far there is no explanation of the occurrence of pain; but in these cases the kidney was not only movable, it was painful; and unless the mere displacement of the organ was sufficient to cause the pain by dragging, we must apply to the other fact that I have mentioned to explain it, and I certainly believe it was painful because the patient was neurotic, or, perhaps better, that the displacement causes some slight discomfort, or tends towards such a thing, and that in the neurotic this is soon transmitted into an intolerable pain, or leads to an explosion in the shape of a violent renal neuralgia. Either way the important fact to be borne in mind is, that it may be there by reasons not

so much of the local displacement as because of the temperament of the individual. And this is a matter of the greatest importance now that movable kidneys are being treated commonly by the operation for their fixation. It might be surmised on *a priori* grounds that, just as has so often happened in dividing, and even in excising, portions of nerves for neuralgic affections elsewhere, after a period of ease the torment has commenced again, so here. For this reason I have been and am averse to having recourse to this operation, except as a *dernier ressort*, and I have seen more than one case that bears this opinion out. Some time ago I saw a patient who had very severe attacks of abdominal neuralgia. They were so bad that she had time after time to be put under the influence of an anæsthetic, and kept under its influence for many hours. She had a movable kidney on one side, and the pain radiated much in the position of the displaced organ. She had a belt made, and it acted fairly well as long as she was in bed; but what belt can compete against the abdominal wall, when it is required of it that it shall hitch up the organ under the ribs? and it failed eventually, as all such appliances do fail, besides proving very uncomfortable. It was ultimately determined to operate, as the pain returned, and life under the circumstances was hardly worth the living. The kidney was stitched into position, and I must admit that for many months she had perfect relief, and became quite a different woman. So being, I came to the conclusion that I was wrong, and that fixing the kidney was, after all, a successful operation. But time has gone along, and now I hear that the pain has returned. It is, therefore, quite possible that, although unquestionably great relief was obtained by the operation in this case, it may yet be that the relief is only such as the neuralgic is likely to obtain from the last new form of treatment, whatever it be, and the more decisive the treatment undergone the more the relief for the time being. I do not, of course, wish to slight the value of operative measures in certain cases—all I wish to convey is that the patients are neuralgics, and that to be a neuralgic indicates a vice of nervous action that no operation can hope to cure; and that since an operation is only treating a symptom, in no sense attacking the disease, these are cases for great deliberation. Our endeavor should be to encourage the patient to make light of her trouble, and, by improving her nervous tone by such means as are available, to enable her to bear, and so to cure the fundamental condition, and only to operate when patient means have failed.

And here may be said what needs be with reference to uterine and ovarian neuralgiæ. I have said it is a bad day for a man when he first knows he has a heart; it is a ten times worse day for a woman when the pelvic pains, to which so many are subject, are focussed for her by medical opinion upon uterus or ovary. If there is anything that curdles my blood it is to hear a woman talk of her ovaries as of some intimate acquaintance, and I confess that in this sense I have never been able to subscribe to the Pauline doctrine that "our uncomely parts have more abundant comeliness." One cannot of course suppose (as Sir William Gull used to say of the jejunum that it has no pathology) that organs fulfilling such important functions should have no liability to the aches and pains that all flesh is heir to, or even that they are free from a large measure of disease. We know that it is not so, but there can be no doubt that the ovaries are organs that largely concern themselves with functional disease, and with forms of it, too, that penetrate into the

inmost recesses of the patient's being. Do we always remember this at the present day with all the prevalent means of treating disease locally? Do we not sometimes undertake local treatment hazardously, I mean as regards the chances of *real* improvement, because it can be effected with so little risk to life? Is it not too often, "It cannot do any harm, and it may do good." Surgery can happily accomplish now much of what it undertakes; but it needs to remember that it has not yet attained to the enucleation of the neurotic constitution. And when I see, as I have seen, the uterine appendages removed for an apparently incurable neuralgia, I see in the measures adopted not the advance of scientific surgery, as some might suppose, but the abasement of the patient, who has been obliged to yield to the force of circumstances. It is a poor result. Operations of this kind are on a par with some of those upon a painful kidney, or with the destruction of Meckel's ganglion for tic. They may be necessary just as war is necessary. But they are nothing to be proud of; they often leave a lot of "bad blood" behind them, and they are conspicuous for the failure of those higher and more fundamental arts of treatment that should have lifted the patient over this necessity. To criticisms of this kind it is often said: "But the people love to have it so;" and true it is. But for us the thought should ever be: With the kidney gone, the ovaries removed, the Meckel's ganglion destroyed, and the pain returned, what will ye do in the end thereof?

With one other subject only do I propose to trouble you, and I have done. It is one perhaps most dear to the neurotic of any I have named, and shall I say, most indispensable of all as a shelter to the doctor? I need hardly say that I allude now, in its own right, to the *torpid liver*. Ah! what, indeed, should we doctors do without this sluggard of an organ to *treat*? What would many a patient do without a vital of this kind to nurse and think about? "Well, doctor, it is my liver," falls so commonly on the ear, that blue pill, if we are old-fashioned, or podophyllin, enonymin, etc., if we are sensitive to the breath of the trade winds, comes as an automatic response, which hardly, if at all, stirs our sensorium. How often, I wonder, do we really think outside this groove, and question for the particular individual that is at the moment seeking our aid whether we shall take *his* diagnosis or make our own? I shall venture to maintain to-night that the liver is a much-abused organ, and that there are thousands of people in the *civilized* world—the savage has his knowledge of good and evil to come—who are being physicked for their livers with nothing the matter with them, save a dulled or flabby nervous system. But do not let it be supposed from what I have said that I disbelieve in the existence of a torpid liver. Quite the contrary. But I am trying to shift the responsibility of its supposed crimes on to the back of the real offender. All I am contending for is that the torpidity is not a disease but a symptom, and that in nine cases out of ten, when individuals come complaining of their liver, it is the *individual* not *it*, that is at fault, and that to make such people really well it is necessary to replenish the spirit that animates *them* and at the same time regulates the blood flow in the inmost recesses of their vitals.

And, for example, a disease that I would shift from the shoulders of the liver to those of the nervous system is one that, of all others perhaps, seems the most unlikely—viz., gall-stones. It has long seemed to me that, although we talk and see much of this disease, we are almost absolutely in ignorance as to

why these concretions form. "A sluggish liver forms thick bile" may be sufficient for some minds, but why should the liver be sluggish? It is usually supposed that these concretions form in those of sedentary habits and of stout build. But this is not by any means so, and I assert that it is at least as often that it occurs in the *neurotic*, and in a physique that is the thinnest of the thin. Moreover, I have also been struck with the frequency with which people will tell you that their troubles in this respect first began in connection with, or after, worry of one kind or another. And when we come to think about it, although it seems at first sight absurd to drag in the nervous system for such a tangible and remote affection as gall-stones, it is far otherwise, for there is nothing more reasonable than the supposition that the nervous energies being at a low ebb, or frittered away in a restless anxiety, the liver, which admittedly must require a large supply of nervous current to enable it to get through its work, is too torpid, its various changes are carried on slowly, and performed badly, the cholesterine that should remain in solution is thrown down, perhaps formed in too great abundance, and thus the stone is set agoing. There is nothing in such a train of reasoning that is anywhere outside unrepachable doctrine, and, in my opinion, nothing that is not highly probable. If this is so, what is the use of stimulating the liver, and although such a practice is endorsed by ages of custom, if we retire into ourselves and think the matter out for ourselves by the light of our experience, can we say for certain that the blue pill, the podophyllin, the salines, the Carlsbad salts, and so on, have accomplished the work that we entrusted to their care? I think that were it so we should know more than we do of the why and the how of the formation of these concretions; whereas, in truth, we know nothing of these two points, and we must fain confess that as yet we have not got behind the most obvious symptom of some disease we are in absolute ignorance of.

And now, gentlemen, I have done. In taking leave of my subject, let me remind you of what has been my aim in these lectures. It was, in giving you a clinical exposition of the common neuroses (and here I must say that my original intention was to have given you many more notes of actual cases, but the large amount of material at my disposal and the exactions of time have prevented), to lay stress on the very certain fact that there are limits to the treatment of this class of diseases by drugs and operation, and that there are many conditions in which the cure must come mainly from within—our function in chief being to call out this dormant power. I wanted to insist, because I am sure at the present day we are too likely to forget, that the highest position we can take is to cure people by advice rather than by drugs; to make the public pay for the use of our brains, and not for so many ounces of physic. Drugs have their own field, but they are our instruments only; of themselves they have no vitality, and a sound common sense—may I say a robust physiology—has a larger mission even than they in the treatment of disease. There is a time to give drugs, and even to give them with a free hand, but there is equally a time when advice only is needed, and not physic. Shall I stop there? no, when to give drugs, is quackery! Yes, there are times when to give medicine is to give *poison*, for it sends the poor patient on a hunt for health which no physic will procure, and it lets slip the opportunity—in the exigencies of human pain and of suffering of all kinds too seldom fit—of pointing the ignorant to a future of medicine, which both for us

and for them is an ideal to be hoped for, to be striven for. I am not one of those who think that if one could conceive of a future for medicine in which drugs should bear no part, that the function of the doctor would be gone. Rather do I hold that as the level of health of a community is permanently raised, so is he emancipated for a sphere of larger use, of still more liberal aims, of nobler purpose. But, sir, that is a subject for a future Harveian lecturer. For me it must be enough to press the conviction I hold that, the large class of ailments that have formed the subject of these lectures admit of treatment, and ought to be treated with a minimum of drugs; and that if we could but prevail on the neurotic to see this, there is many a one who is now passing a life of aimless and too often hopeless invalidism to whom we might certainly promise in language that many of them know too well:

"Soon will come the great awakening,
Soon the rending of the tomb,
Then the lessening of all shadows,
And the end of toil and gloom."

But that end is not yet. Will it ever be? I must sorrowfully confess that the prosaic side of life suggests a couplet from another source:

"But when you see that blessed day
Then order your ascension robe."

None the less, we still can say, "Come from the four winds, Oh breath, and breathe upon these slain that they may live."

—From the Harveian Lecture of James F. Goodhart, in *The Lancet*.

CLINICAL NOTES IN THE PARIS HOSPITALS.—*Hôpital de la Pitié*.—Wards of Dr. Albert Robin.—Dr. Albert Robin is one of the most interesting physicians at present occupied in teaching in the Paris hospitals. He is essentially a man of modern ideas, an original thinker, and above all a therapist, constantly seeking new developments of his art in the direction of chemical and physiological therapeutics. He has been at the Pitié Hospital, where he now teaches, only a year. Before that he had been for seven years at the Hospice de Ménages, where he was when I last visited his clinic, of which I gave an account in the *British Medical Journal* in the year 1889, which excited a great deal of interest. In the chemical laboratory which he established there he carried on studies of the tissues and fluids, investigating the nutritive disturbances occurring under morbid or pharmacological influence. Some of these I described.¹ His conclusions are based on analyses of the products eliminated by the different emunctories, and on the study of the modification of the pathological state which various therapeutic agents occasion. Thus, most of the usual medicines and kinds of food have been the subject of his special study in respect to their effects on the organism. These studies he has pursued not only on healthy persons, but also in the course of the most chronic affections resulting from congenital or acquired perversion of nutrition. Dr. Albert Robin is not only a chemist who attaches extreme importance to the physiological study of his patients; he endeavors in each affection to determine the exact part due to the disorders brought about by the derangement of the principal functions, and to determine the succession and respective subordination of the symptoms which arise from these functional perturbations. He

¹ *British Medical Journal*, 1889, i, p. 731.

profits by his studies in biological chemistry and in physiology as guides in all therapeutic intervention, and never administers a medicine without explaining to his pupils the reason for its use, basing it upon scientific grounds. He attains remarkable success in treatment, and instils into his pupils the faith in the efficacy of rational therapeutics with which he himself is filled. His clinical teaching, therefore, is lively, instructive and original.

Of all pathological conditions in respect to which he has original ideas, his starting point is always some chemical fact, or the study of function. He holds that the attention of physicians is too much fixed upon the study of established and irreparable lesions which have passed beyond the resources of therapeutics, and that, speaking generally, sufficient importance is not attached to the effort to seize the process at its origin, at a period when a morphological lesion does not yet exist, at which period it would be possible in a number of cases to fight disease with success by means of suitable medicines. Thus, for example, when Dr. Robin takes a well-marked case of chlorosis and puts her before pupils, it will be found that she has been submitted to a treatment of altogether an unusual character. Before describing it, it is desirable to summarize his conception of chlorosis. According to him, the process which ends in chlorosis is not uniform, and the chlorotic state does not arise from a constant modification of nutrition. He divides the perversion of nutrition capable of giving origin to it into three classes:

1. There is a disproportion between the destruction and the production of corpuscles. Destruction is excessive, regeneration is insufficient. These cases coincide in general with excessive activity in nutrition, exaggerated organic disintegration which translates itself into an elevation of the co-efficient of oxidation of albuminoid matter. The proportion of urea-nitrogen in relation to the total nitrogen eliminated by the urine is in these cases from 82 to 89 per cent., instead of the normal figure of 80 per cent. The frequency of this variety is estimated by Dr. Albert Robin at three-tenths. It is remediable by drugs capable of combating abnormal katabolism. Arsenical preparations which slacken nutrition and lessen tissue change are indicated in such cases; iron would be mischievous.

2. The most frequent cases, and the best known, result from an insufficient formation of corpuscles. At the same time nutrition is languishing, assimilation insufficient. This condition of defect is expressed by lowering of the co-efficient of oxidation of albuminoid matters, which falls to 75 per cent. in lieu of 80 per cent. This form is rapidly ameliorated by iron, which increases oxidation, stimulates nutrition, gives an impulse to the phenomena of assimilation and the regeneration of red cells. Thus he explains the reconstructive action of preparations of iron.

3. His third group has numerous points of contact with the first. Here, too, there is excessive hemolysis, but the destruction of the corpuscles is consecutive to an alteration of the plasma of the blood. The medium appropriate to the vitality of the blood corpuscles is far from being indifferent. A diminution of the proportion of the salts of the blood plasma, even slight disturbance in the relative proportions of these salts, suffices to bring about disassociation and death of the red cells.

Dr. Robin has carried out researches which enable him to assert that in a certain number of cases the saline contents of the plasma are notably diminished. In these cases, before having recourse to arsenical or

ferruginous treatment, he considers it necessary to replace the blood corpuscle in its normal physiological medium, and he employs, therefore, saline medication. He has constructed a certain number of formulæ, which are as exact an expression as possible of the saline composition of the plasma. He employs habitually the following formula: Chlorate of sodium, 27 grammes; chlorate of potassium, 20 grammes; chloride of sodium, 4.60 grammes; phosphate of potassium, 12 grammes; phosphate of calcium, 2.95 grammes; phosphate of magnesium, 1.40 grammes; sulphate of potassium, 2 grammes; carbonate of iron, 0.9 gramme; but he varies the proportions according to the circumstances, and it is by tentative proceedings that he determines a formula exactly applicable to a particular case. Dr. Robin was led to the conception of this third variety by the success obtained at St. Nectaire and at Carlsbad in the treatment of chlorosis, that is to say, at mineral water stations where the water contains no iron. A patient whom I saw in Dr. Robin's wards had been under care in various hospital services, and treated with the usual medicines, that is to say, with compounds of iron, without being sensibly improved. She had no dyspeptic disorder. The examination of the gastric juice showed no chemical alteration; she was, therefore, *a priori*, a suitable case for profiting by the iron treatment. She had taken for three weeks the composite powder of which I have just quoted the formula. She had already recovered the greater part of her color; she was feeling stronger and less quickly out of breath; was not suffering from fatigue, and was eating with better appetite. Her weight had already increased more than four pounds, and when seen again on January 21, after twenty-five days' treatment, she had gained eight pounds in weight.

Dyspepsia.—Dr. Robin especially occupies himself with the question of dyspepsia, and each patient presenting himself in his clinic with disorders of digestion is an object of special study. An examination is made, in all cases, of the gastric juice. A test meal is given as follows: Bread, 60 grammes; half the white of an egg boiled hard; water, 200 grammes. The gastric juice is taken at the end of three-quarters of an hour. The treatment is founded on the results of chemical analysis, in order to be as rational as possible. The course of the symptoms is minutely observed.

Dr. Robin has formed original opinions on more than one point, and introduced into the therapeutics of dyspepsia some novel medicines. Among others may be mentioned fluoride of ammonium, which is an anti-ferment of a high order. He modifies the mode of use of various substances, which are very commonly used. He considers, for example, that he has proved that the period of digestion, at which bicarbonate of sodium is prescribed, is far from being unimportant, and that a very prejudicial error is often committed in giving this alkaline salt at meal times. I shall refer again to the opinions of Dr. Robin on this subject.

The following case gives a general view of M. Robin's therapeutic method in dyspepsia. The man, who was suffering from dilatation of the stomach, disordered secretion of the gastric juice, and excess of hydrochloric acid, was a policeman, aged forty-five. As far back as 1878 he had suffered from dyspeptic disorders, consisting of vomiting and pyrosis. He had been cured by severe regimen, and his stomach had recovered its digestive power. He was an excessive beer drinker. Fifteen months ago he was seized again with vomiting and burning epigastric

pain. This pain was continually troubling him, even at night, when no food was taken, and was constantly exacerbated after eating, sometimes immediately after a meal, sometimes at the end of two or three hours. Vomiting frequently followed, and afforded relief sufficiently appreciable to induce the patient frequently to excite it. The ejected food was more or less decomposed; sometimes it contained the materials of several previous repasts. There were frequent and abundant eructations, which were very fetid, and sometimes very acid. The appetite was feeble, but there was no special preference or aversion to particular articles of diet. There was obstinate and habitual constipation. Local examination showed extreme dilatation of the stomach. This organ was clearly perceptible through the distended abdomen, and the vermicular contractions of the stomach were easily recognized. The slightest succussion showed the presence of fluid. The stomach occupied the left and a large part of the right hypochondrium, and descended very low. Strong percussion immediately provoked peristaltic movements.

Examination of the Gastric Juice.—About two quarts were removed, in which were recognized the remains of the food of the day before; excessive fetidity, distinct acetic odor; reaction of hydrochloric acid (congo paper); the tests of Boas, of Gunzburg; the reagent of Uffelmann was discolored. The total acid equaled 2.87 g., the proportion of hydrochloric acid equaled 2.27 per 1,000; the proportion of the acids of fermentation, lactic, acetic, etc., 0.67 per 1,000. There were traces of albumen, and the peptones were tolerably abundant, intense precipitate from the solution of Fehling. Erythro- and achro-dextrine were present; syntonine absent. Repeated examinations were made of the gastric juice when fasting. Vomited matters were analyzed, and there was constantly found a proportion of hydrochloric acid varying from 1 to 3 per 1,000.

Conclusions: Dilatation of the stomach, with continuous secretion of gastric juice rich in hydrochloric acid. There were few reflex symptoms; some giddiness without loss of unconsciousness; no palpitation; no cardiac intermittence; the other organs were sound. The urine was constantly alkaline. It is known that in the normal state alkalinity of the urine is intermittent, and is only observed after food. In the intervals the reaction is acid. In this patient the secretion of gastric juice and of hydrochloric acid, being continuous, this normal balance between the gastric secretion and the acidity of the urine had no *raison d'être*. The return of the urine to physiological acidity serves, Dr. Robin remarked, as an excellent criterion of the efficaciousness of the treatment. The intermittence of alkalinity would signify intermittence of the gastric secretion; this man had lost weight greatly; he alleged that he had lost about twenty pounds. This case of hyper-secretion agreed pretty exactly with the cases described by Reichmann.

The history of the patient is interesting, and it is worth while explaining, as shortly as possible, the way in which Dr. Robin understands and interprets this form of dilatation, and the sequence of its accidents. The pathogenesis which he invokes in explanation differs from the opinions generally prevalent in France since the researches of Dr. Bouchard. It is far from being an instance of dilatation due to debility of the muscular tunic or want of tonicity of the fiber. The energy and contractions of the stomach, which are easy to observe through the thickness of the abdominal walls, are held to be in favor of hyper-

trophy and tonicity of the muscular tunic. Nor is this a gratuitous hypothesis. In other identical cases cadaveric examination has confirmed diagnosis, and allowed Dr. Robin to ascertain the thickness of the walls of the stomach, which is sometimes enormous. Such a dilatation could not be primary. It supposes an obstacle to the passage of food and the evacuation of the contents of the stomach. Dr. Robin places the seat of the obstacle at the pylorus; he supposes contraction of the sphincter, and explains it as follows: The gastric juice, being too acid, directly irritates the mucous membrane and subjacent muscular tunic, and the nerve ends translate the abnormal impressions which they receive by reflex spasms of the muscular tunic and of the sphincter of the stomach. By reason of the habitual predominance of the lesions at the level of the pyloric region the direct, or reflex, irritability acquires through itself the highest degree of intensity, hence rapid contractions, exaggerated action, and the compensatory hypertrophy of the muscular elements of the stomach. There is an antagonism between the sphincter and the muscular fibers of the wall. The action of the sphincter is predominant. In fine this is a process analogous to that which is seen in the course of vesical or urethral affections, strictures, etc., accompanied by contractions of the sphincter of the bladder. The final result is invariably hypertrophy of the muscular tunic of the bladder. A more distant and less exact comparison might be made with hypertrophy of the heart, consecutive on generalized arterio-sclerosis. Doubtless at a distant date, as a sequence of excessive activity, muscular tonicity may be exhausted, and just as the bladder ends by being attacked with atony—paralysis, so to speak—as a sequel to prolonged retention of urine, and as the overwrought heart undergoes dilatation and becomes incapable of fulfilling its task, so the state of urethism of the hypertrophied muscular tunic of the stomach may be followed by a state of debility, of profound atenia; this is the last stage, and necessitates a grave prognosis.

To sum up: the chemical disorder, hyperchlorhydrosis, constitutes the first act. Then follows the prolonged retention of food in the stomach; after a variable time the last stage is reached, characterized by its series of habitual complications, local accidents, ulceration of the mucous membrane, ending, perhaps, in perforation; general accidents, due to intoxication by absorption of the putrid products in the stomach. Tracing this clinical picture, Dr. Robin asks, How are morbid conditions thus existing to be combated? By what system of medication is the occurrence of ulterior complications to be opposed? His treatment is complex enough, but it is logically deduced from antecedent considerations.

The cause of all the mischief resides in the exaggerated production of gastric juice too rich in hydrochloric acid. The capital point is, therefore, to lessen the secretion of this acid. The secretion of a gland depends on two essential factors—first, the fullness of the circulation of the blood; second, the degree of excitement of the secretory nerves. In other words, abnormal secretion supposes abnormal excitation of the vasomotor nerves and of the nerves of the glands. In general, exaggerated secretion signifies too active vaso-dilatation and too energetic excitatory power. The dilator nerves and the nerves which have direct action on the protoplasm of gland cells are themselves only the centrifugal paths of diastaltic forces, of which the centripetal paths are the sensitive nerves emerging from the gastric mucous membrane. If the irritability of this mu-

cous membrane can be diminished, and its sensibility blunted by suitable remedies, the reflex power will be necessarily moderated, and the action of the vasodilator nerves and the nerves to the glands will be diminished. Dr. Robin aims at attaining this object by the use of the tincture of *menispermum cocculus* (picrotoxin) and *veratrum viride*. These two medicines have been thoroughly tested. The diminution of the proportion of hydrochloric acid following their use has, he states, been proved by chemical analysis. Ergotin has been found to be a very powerful direct means of acting on the vasomotors, and of producing vaso constriction and much less abundant irrigation of the mucous membrane. These medicines are given five minutes after taking food. These are the initial indications to be fulfilled, the other symptoms being subordinate to the excess of hydrochloric acid. The treatment may be reduced to this single term, but there exist adjuvant methods very useful in rendering the amelioration more rapid, and procuring sometimes immediate and durable relief.

The most seductive idea would be to have recourse to alkalis in order to saturate hydrochloric acid in excess. This is a very prevalent mode of practice, and is even to many physicians the last word in the therapeutics of acid dyspepsia. They are led into this error by cases of success which are often illusory. By giving bicarbonate of soda at the outset one is sure to obtain in the first instance some mitigation of the symptoms, but, according to Robin, this amelioration is ephemeral. The administration of bicarbonate of soda, instead of being an obstacle to the secretion of hydrochloric acid, becomes the cause of increase. The acid entering in combination gradually where it is produced continues to be secreted with more intensity than ever, and the doses of bicarbonate not being limited, the mucous membrane of the stomach ends by being brought into contact with gastric juice more corrosive than ever, and the mischief reappears in a more painful form. To saturate the acid in order to calm the pain is to treat a symptom; it is an attempt to correct the effects of disordered function, but it does not endeavor to restore the function and attack the cause of the morbid condition. We shall see presently for what reasons, of a very different order, Dr. Robin employs alkalis as little as possible in the treatment of hypo or achlorhydric dyspepsia.

—Ernest Hart, in *Brit. Med. Journal*.

CLINICAL NOTES IN THE PARIS HOSPITALS.—Referring to Dr. Robin's objection to the use of alkalis in cases of dyspepsia with hypersecretion of hydrochloric acid and gastric juice, it should be noted that he recognizes one exception. There are cases of over-secretion of hydrochloric acid so intense that the mucous membrane is threatened with ulceration. This he considers to be a condition in which bicarbonate of sodium should be employed. This danger being averted he resumes his "rational treatment." In cases of such considerable dilatation as that of the patient whose case has been described, even the excessive acidity of the gastric juice is not sufficiently antiseptic in its effect to prevent fermentation; thus the food undergoes decomposition, which it is necessary to prevent, or at least to diminish. In such cases he employs absorbent and neutral antiseptic remedies, such as sulphur, charcoal, magnesia, prepared chalk, or naphthol.

In the absence of excessive dilatation he advises the use of bicarbonate of sodium two or three hours

after food, and in small doses. At that time the greater part of the food has been expelled, and the mucous membrane is directly in contact with gastric juice, which is irritating. It is usually at this period that pain is acute. There would be danger in allowing such a condition to be prolonged, so that it is prudent to neutralize a part of the acid in excess. It is easy to understand that if the stomach is in a state of constant repletion this therapeutic method loses its value. In such cases Dr. Robin recommends hot drinks such as infusion of camomile. Warm drinks act the part of useful diluents, and their temperature exercises a moderating and calming action. Finally, if the case be rebellious, and the contraction of the pylorus does not give way, Dr. Robin employs bromide of potassium. Massage of the abdominal wall in the direction of the muscular fibres of the stomach is also very useful and favors expulsion. The patient whom I saw had been under this treatment for three weeks; he described his relief as having been immediate. He had been deprived of sleep for many months, but was now able to sleep peaceably; his gastric symptoms were improved, the dilatation was less, the urine was acid, and there was an increase of four pounds in weight, so that the effect aimed at had already been obtained in part, and it seemed probable that he would be able soon to resume his occupation.

Such are the broad outlines of this treatment in cases of dyspepsia with excessive secretion of gastric juice. His therapeutic methods in hypo- and achlorhydric dyspepsia are based on similarly defined foundations. It is a general practice in treating dyspepsia due to the secretion of gastric juice deficient in hydrochloric acid to administer pepsine, and to prescribe the use of solutions of hydrochloric acid (2 or 3 per 1,000); the theory being that in this way the deficient secretion may be supplied, and that hydrochloric acid possessing antiseptic properties will diminish fermentation. Dr. Robin, to restore or re-establish the disordered or abolished function, employs exciting agents; he aims at increasing the reflex power of the mucous membrane, and producing vaso-dilatation and stimulation of the nerves of the glands. With this object he prescribes tincture of *nux vomica* and tincture of *staranise* a few minutes before food. He treats the tendency to fermentation by fluoride of ammonium in doses of 10 to 20 centigrammes, which greatly diminishes the amount of fatty acids in the gastric juice. If, after a fortnight of the stimulant treatment the patient does not improve, the stomach is to be regarded as an inert sac, of which the mucous membrane has lost its functional activity. It is only in these cases that he resorts to the use of pepsine and dilute solutions of hydrochloric acid. Cases of neurasthenic dyspepsia, in which the gastric juice is feeble or non-existent, and in which digestion is difficult, get a general tonic treatment: hydrotherapeutics, country residence, etc., rather than treatment aiming only at overcoming the gastric disorder.

The treatment of typhoid fever is a favorite subject with Dr. Robin. The physical and chemical characters of the urine are in his view one of the best bases for estimating the nutrition of typhoid patients and consequently for prognosis. The urine of each typhoid patient is examined daily, and this physician alleges that the urological characteristics rarely lead him into error. The following are the most important elements of his judgment. The appearance of a disc of yellow hæmatin is a favorable sign. This disc is absent in the early days of the disease; its ap-

pearance indicates an early and favorable termination of the case. Abundant diuresis precedes by several days the period of defervescence; at this stage the records show almost constantly considerable elimination of saline matters and of extractive principles, which form a thick deposit at the bottom of the glass. Often at this stage of convalescence the urine contains pus-corpuses and cylindrical cells denoting more or less intense pyelitis, and becomes alkaline. Dr. Robin is satisfied by repeated analysis of the urine that in typhoid fever, and generally in all typhoid conditions, oxidation is not increased, as has often been alleged. The co-efficient of oxidation—that is to say, the relation of the nitrogen, completely oxidized (eliminated in the form of urea) to the nitrogen incompletely oxidized—is diminished, and its fall is in proportion to the gravity of the disease.

A case of typhoid fever is the more serious in proportion as organic combustion is less intense; on the other hand, disassimilation is exaggerated. The decomposition of these complex bodies disengage heat; moreover, the products of cellular disintegration are very poisonous, insoluble, and, consequently, eliminated with difficulty; their retention produces the typhoid state. Thus it is that cases of typhoid fever in which the urine is abundant and elimination intense, generally go on well. If the activity of oxidation be increased, these products become soluble, but little poisonous, and easily eliminable. In lieu then of restraining oxidation in typhoid patients, he thinks it proper to increase it by all possible means; oxygen, cupping, quinine, small doses of alcohol, cold baths, are excellent means for attaining this end. In the same way it is proper to oppose the organic disintegration by tonics and reconstituents, quinine, wine, cold baths and salts of potash. It is his object to combine the toxic and insoluble products of disintegration with other substances, so as to give rise to soluble and non toxic compounds. He considers that the medicine which responds best to these requirements is benzoate of soda. He provokes diuresis by giving abundant fluid in order to carry off, as rapidly as possible, deleterious products, and he watches with great care the functions of the skin and the regularity of the stools. These are the chief lines of treatment which he employs in typhoid fever; they are much more fully developed in his book on the subject, which deserves study.

Some other examples may be mentioned in which Dr. Robin obtains good results by special therapeutic means. In erysipelas of the face he employs a spray of corrosive sublimate (1 per 1,000). The spray should not be a very forcible one in order to avoid giving rise to pustules; it must be sufficiently intense to allow the penetration of the mercury. He obtains by this method rapid defervescence in from twelve to twenty-four hours; and this success he finds to be constant.

In Dr. Robin's wards there were several patients suffering from serious cardiac asthysia who were going on well; he employs digitalis leaves in extremely small doses—0.10 centigramme of the leaves daily. He combines it always with iodide of potassium (about 1 gramme) and ergotin (0.30 to 0.50 centigramme). This procedure he alleges to be as certain as the employment of large doses of digitalis, whilst it does not involve the same inconveniences.

Dr. Robin lays stress on his success in the treatment of diabetes. Accepting the views of Claude Bernard, and considering that diabetes is in the immense majority of cases the results of excessive functional activity of the liver, which is itself depend-

ent on a nervous affection, Dr. Robin employs antipyrin, which exercises a great moderating influence on the nervous system. He lays much stress on the particular mode of use of this drug, and considers it essential for his method of treatment to determine every day the quantity of urine passed, its richness in sugar, density, quantity of urea, phosphates, and albumen.

Excessive diminution in the quantity of urine, and the appearance of albumen he considers to be unfavorable, being indications of profound perturbation of nutrition. Unless the patient be carefully watched, grave accidents may occur, but if a daily analysis of the urine is made, the dose of antipyrin and the duration of its use may be regulated, and all complications avoided. A medium dose is from 3 to 4 grammes a day. It is continued for a week without requiring the diabetic patient to limit himself to a severe diet. The quantity of urine diminishes, its richness in sugar falls very considerably; sometimes, indeed, the sugar disappears, and the quantity of urea is lessened. The medicine is then left off for three weeks. At the end of this period the glycosuria never resumes its primary intensity, and considerable amelioration continues. The diabetic regimen is now discontinued, and the antipyrin renewed for a week, and then the medicine is left off, and the diabetic dietary renewed for three weeks. From three to six months of such treatment generally suffices, in Dr. Robin's experience, to reduce the elimination of sugar to insignificant proportions, and in a considerable number of cases leads to a cure of the diabetes. This cure, according to Dr. Robin, is permanent in ten per cent. of the cases. The scientific capacities of this physician are such that it is not at all likely that he should make any error of diagnosis in these cases, and confound diabetes with alimentary glycosuria. He proposes to give a series of lectures shortly on the functional disturbances of the liver, in which he will explain more in detail his conception of the different forms of diabetes and their treatment. Hydrotherapeutics, studied from a scientific point of view, play also a large part in his method of treatment, of which I have probably said enough to show that they are scientifically conceived, based upon serious study, and carried out with persevering ingenuity.

—Ernest Hart, in *Brit. Med. Jour.*

SPECIFIC MEDICATION.—Coca is indicated in depression of spirits, hysteria, headache and nervous troubles. Dose, gtt. x. fluid extract every four hours.

Specific calendula internally, and the external application of the calendula ointment, is a practice giving very gratifying results when applied to varicose ulcers of the leg in old people.

Bursa pastoris is indicated during the climacteric period, when we have passive uterine hemorrhages coming up from a relaxed and congested condition of the uterus.

A white coat upon the tongue is an indication for an alkali; but the exact form in which it shall be administered is sometimes a matter for consideration. The thick, pasty white coat suggests sulphite of soda; the white, furred and dry coat means soda phosphate, while the thin, filmy white coat most frequently reveals a constitutional condition which soda salicylate will rectify.

Specific diagnosis must precede specific medication. The one is the corollary of the other; but a specific diagnosis does not always result in medication, for

it frequently leads to surgical interference. The exact location of a morbid spinal area is specific diagnosis, and if a tumor or abscess is present, surgical treatment is necessary.

Surgery having conferred great benefit upon mankind by successfully entering the abdominal and cranial cavities, is now making advances into the thoracic cavity—Treffier having recently excised the apex of a tuberculous lung, the operation being followed by recovery. This is a comparatively untouched field, and much may be expected of it in the future.

Remedies do not, as a general rule, affect organs and tissues directly, but indirectly, through the intervention of the nervous system. Digitalis, in small doses, diminishes the number of heart-beats, by increasing the irritability of the cardio-inhibitory center; while the same remedy, in large doses, diminishes the excitability of the center, and thus increases the frequency of cardiac pulsation. Most organs are affected by influences exerted upon the vaso-motor centers, controlling the state of the vessels by which they are supplied.

The use of urethral injections, especially those of a strongly astringent or irritating nature, is gradually being abandoned in the treatment of gonorrhœa, and constitutional treatment alone relied upon. Better results have followed this course and fewer complications and troublesome sequelæ, such as orchitis and stricture, have occurred. A suspensory bandage is to be worn from the very first onset of the disease. The urine should be kept bland and unirritating by mucilaginous and alkaline diuretics. Stimulants and exercise must be avoided, and a soluble condition of the bowels maintained; sexual abstinence rigidly insisted upon. These measures will generally carry our patient through safely and quickly, and without complication, although occasionally the bromides or even small doses of morphine, may be required to allay pain and nervous irritation.

—*Eclectic Med. Jour.*

ABOUT strictures, Otis advises division as being the only way of having a radical cure, but I think with Keyes that it is not always necessary to cut, and the cure of a stricture without division is a possible thing and will always give more satisfaction to the patient, without speaking of the unhappy defective expulsive power that extensive cutting of the interior urethra will sometimes leave.

In treating strictures by dilatation with sound I have heard of physicians who would use sounds three or four times a week. I think it is a great mistake to do so, and intervals of at least four days should be given, and longer than this to old cases of stricture. In the so-called impassable strictures, where urine passes out with difficulty, with patience and skill it is always possible to pass a filiform bougie; whalebone ones are the best.

The traumatic stricture, and the one called "resilient" are not liable to be dilated very well, and of course require surgical interference, and urethrotomy is certainly the best if not the only way to treat them; we very often have to practice perineal section when the deep urethra is also affected.

I would like to speak about such complications as false passage, retention, infiltration, abscess, fistula, pericystitis and enlarged prostate, but I have already taken enough of your time.

—J. A. Rene, in *N. W. Lancet*.

GERMAN NOTES.

HERMAN D. MARCUS, M.D.,
Resident Physician at the Philadelphia Hospital.

PIGMENT SPOTS AFTER PREGNANCY.—

R.—Butyr cac.,
Ol. ricin.....āā 3ii.
Zinci oxyd..... 5i.
Hydrarg. prace. alb..... gr. iss.
Essent. rosar..... gtt. x.

M. Ft. ungt

Apply morning and evening.

—*Der Aertztliche Practiker.*

TREATMENT OF DIPHTHERIA.—Dr. Bynatz Moskowitz (Budapest) recommends the following treatment in diphtheria, which he employed in ten very severe cases, with dirty, greenish membrane in the fauces collapse, small pulse and high temperature; inunction of the neck with ungt. hydrarg. mer. using at times 18 to 20 drachms without producing mercurial poisoning. He orders this inunction twice daily, covering the neck then with gutta-percha paper and a dry cloth. He prescribes gargles only in such cases in which washings of the throat are obtained with difficulty. A supporting and stimulating diet is always ordered, using principally cognac and strong wines.

He finds that with such treatment the symptoms soon improve. The membrane becomes loosened, the color changes to white, the fever falls and the whole condition ceases after three to four days' treatment.—*Gyógyászat, Internat. Klin. Rundschau.*

SANTONINE POISONING.—A child, three years of age, took inside of one and a half hours, 36 grains of santonine in the form of lozenges.

Pleasant hallucinations were soon noticeable, followed during the night by clonic spasms, rolling of the eyes and hallucinations of a terrifying nature. Extreme excitement, dilated pupils, pulse 120°, temperature 37.40° C. (99.3° F.), dysuria, spasm of the bladder, and clonic spasms of five minutes intermission, were also observed. Emesis being present, evacuation of the bowels was produced by an enema. Three grains of antifibrin pacified the child very quickly.

Santonine was still present in the urine on the third day, and the child remained excited and fretful for some days.

—*Mitt. d. Ver. d. Aertze in Steiermark.*

IODIDE OF POTASSIUM IN CHOREA.—Dr. Scwening had been treating a ten-year-old girl for chorea with a number of remedies without result. Having occasion to administer iodide of potassium (gr. vi., O vi., aq. dest. 3ss. ter diem) for a glandular swelling, he observed improvement of the choreic symptoms. In a short time the chorea had entirely disappeared, and the general health of the anæmic patient improved.—*Allg. Med. Central Zeitung.*

ERYTHEMA MULTIFORME IN CONNECTION WITH TYPHOID FEVER.—Dr. S. Laufer (Budapest) has observed a case of typhoid fever in a girl twenty-three years old, in which an eruption appeared on the whole body on the ninth day, resembling erythema multiforme. A few days before death, small abscesses of the skin appeared in the shoulder region, and in one articulation of the foot. The autopsy showed, besides pneumonia of the left lung and small typhoid changes in the intestines, a number of corpuscles, typhoid bacilli and streptococci in the cortex of the enlarged kidneys. The latter were also found in the superficial (skin) abscesses, and Laufer thinks this to be the cause of the present erythema multiforme.—*Arch. f. Dermat. and Syph.*

FRENCH NOTES.

A. E. ROUSSEL, M. D.

CAMPBOR-PHENOL IN EXTERNAL OTITIS (W. R. Amick).—The author strongly recommends camphor-phenol for the pains caused by inflammation of the external auditory canal. It also has an antiphlogistic value.

The following is the solution he uses :

Camphor	100 parts.
Carbolic acid	36 "
Alcohol	4 "

M.—Sig. Apply to the parts.

—*La Medicine Moderne.*

AN EPIDEMIC OF INFANTILE PNEUMONIA CAUSED BY INFECTED STRAW (Gartner).—The author observed that the straw of certain beds in the obstetrical clinic at Heidelberg exhaled a special odor and that at the same time patients who occupied those beds had a slight elevation of temperature, also that several children were attacked with pneumonia.

He examined the suspected straw and found the presence of streptococci and staphylococci without counting other micro-organisms.

The lochia of the patients, the nasal and buccal secretions of the children contained the same germs, and in five autopsies lobar pneumonia was found, caused by the microbe. Experiments on animals demonstrated their infectious power.

—*Journal de Medicine de Chir., etc.*

THE ABORTIVE TREATMENT OF PNEUMONIA BY LARGE DOSES OF DIGITALIS (Prof. Petresco).—As a result of the above treatment in 755 cases the author arrives at the following conclusions :

Pneumonia may be aborted by the use of digitalis in large doses at the beginning of the malady. This abortive treatment is most rational as being based upon the pathology of the disease.

The efficacy of the treatment is proved by statistics ; the smallest mortality being observed in those cases treated by digitalis in large doses.

The dose of 60 to 120 grains of digitalis leaves a day in infusion is the veritable therapeutic dose of digitalis against the pneumonia of adults ; it is with this dose only that we have reason to expect immediate good results.

The tolerance and the non-toxic effect of this therapeutic dose are proved in an incontestable manner by the above 755 observations.

—*Bulletin de Therapeutique.*

Medical News and Miscellany.

RUSSIA has ordered the University of Dorpat to be closed.

ETHER DRINKING is assuming huge proportions in Russia.

THIRTEEN new cases of typhus fever were discovered in New York, February 29.

LAST year one hundred and fifty persons were cremated in France, at an average cost of six dollars.

HOT SPRINGS having arrived at the dignity of a medical journal, the bars will now add ten cents to the price of drinks.

CHLORIDE of gold is said to antidote the cobra poison, if injected hypodermically before asphyxia sets in.

A RUSSIAN emigrant on the steamer *Massilia*, who arrived in Plymouth, Penna., was stricken with typhus fever last Friday.

SEVENTY-FIVE to eighty per cent. of the Russian Hebrews arriving at the barge office in New York, have either a single or double rupture.

FOR carrying the body of a child, dead from scarlatina, by public conveyance in England, a man was fined the sum of \$1.25. Cheap enough.

A FRENCH Mayor has forbidden the wearing of décolleté dresses in his town, on the ground that they are prejudicial to peace and social morality.

SIR MORELL MACKENZIE is said to have received \$60,000 for attending the late Emperor Frederick. There can be found those who would have taken the case at a lower rate.

DR. G. THEOBALD, of Chicago, was arrested by an over zealous policeman, who saw the doctor enter a house with his satchel, and concluded he was peddling or canvassing without license.

A BILL has been introduced into the Legislature of New Jersey, establishing a medical department in the National Guard. Should the bill become a law the profession will have the rating in the National Guard they are entitled to.

THE annual banquet of the Alumni Association of the Department of Pharmacy of Northwestern University was held February 24, at the Grand Pacific Hotel, Chicago. Fifty-five members were present. Dr. R. H. Brown presided as toast-master, and toasts were responded to by T. V. Wooten, B. A. Tyler, Prof. Oscar Oldberg, Dr. N. S. Davis, Sr., and Dr. Marshall D. Ewell.

THERE has been a law recently enacted in Ohio as follows: "Physicians in the discharge of professional duties shall be permitted to ride, at their own risk, upon freight trains between stations where such trains stop, paying therefore the regular passenger fare." Physicians often lose much valuable time waiting for a passenger train, and such a law would be useful in every State.

THE second annual meeting of the Association of Military Surgeons of the National Guard of the United States will be held at St. Louis, April 19, 20, 21. The Government has made a special detail from the Hospital Corps to give the "Manual of Drill," as practised by the corps for the benefit of the National Guard Surgeons, and the citizens of St. Louis have pledged \$10,000 for the entertainment of the delegates and guests of the Association.

A CONFERENCE of the American Health Resort Association was held at the Sherman House, Chicago, February 24. Dr. T. C. Duncan, of Chicago, presided. The other officers include the following physicians: J. F. Danter, of Toronto, Canada; W. P. Roberts, of Wisconsin; A. M. Cushing, of Massachusetts; W. W. Van Baum, of Pennsylvania, and Prof. W. S. Haines, T. S. Hoyne, I. N. Danforth and W. A. Chatterton, of Chicago. The object of the association is to ascertain reliable facts about climates and health resorts for the benefit of the public and the guidance of the medical profession in America and Europe. Several papers were read and the merits of different resorts discussed.

A BOSTON editor has a five-year-old boy, who said the other day at the table: "Papa, I wish you were a bake-shop man." "Why, son?" "Because then you could bring home cakes and things, and we could go in and get cookies when we wanted to. Or, if you were a meatman, or a groceryman, or a carpenter and made nice things, or a blacksmith-shop man—that would be awful fine. Say, papa, is it any good what you do?"

A WRITER to the *New Nation* says: "For the last ten years I have been a whiskey seller and gambler, and I have seen, during that time, hundreds of men start on the drunkard's road. I can positively say that more men start drinking and keep it up through the sociability of the bar-room than through any other cause in the world, except poverty. Now, as I understand the nationalist liquor plank, the element of sociability in the bar room, as well as profit, will be eliminated, and I can assure the Kansas 'Agitator,' recently quoted in the *New Nation*, that if nothing else will reduce the consumption that will, and largely. Do all those editors who write on the subject forget all the dance-halls, beer-gardens, etc., where men go for sociability and entertainment, and wind up drunk? They hardly ever mention them if they don't."

WEEKLY Report of Interments in Philadelphia, from February 20 to February 27, 1892:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess.....	1	1	Gangrene, lung.....	1	
Anemia.....			Hemorrhage.....		1
Alcoholism.....	2		Inanition.....		8
Apoplexy.....	13	1	Influenza.....	6	
Asthma.....	6		Inflammation, ankle.....		1
Bright's disease.....	9	2	" brain.....	2	10
Burns and scalds.....	2	2	" bronchi.....	5	13
Cancer of breast.....	11		" kidneys.....	1	1
Casualties.....	6	1	" larynx.....	1	2
Cerebro-spinal meningitis.....	2	1	" liver.....		1
Congestion of the brain.....	2	5	" lungs.....	29	39
" " lungs.....	4	5	" pericardium.....	2	2
Cholera infantum.....		1	" peritoneum.....	3	2
Cirrhosis of the liver.....	3		" pleura.....		1
Consumption of the lungs.....	54	5	" s. & bowels.....	3	6
" " bowels.....	1		" uterus.....	1	
Compression of the brain.....	1		" knee.....		1
Convulsions.....	17		" spine.....	1	
Croup.....	9		Insanity.....	1	
Cyanosis.....	8		Indigestion.....	1	
Debility.....	3	2	Mania a-potu.....	1	
Diabetes.....	4		Marasmus.....		13
Diarrhoea.....	2		Neuralgia of the heart.....	2	
Diphtheria.....	24		Old age.....	11	
Disease of the hip joint.....		35	Perforation of bowels.....	1	
" " heart.....		8	Paralysis.....	4	
" " liver.....		1	Purpura hemorrhagica.....	1	
" " stomach.....		1	Shock, surgical.....	2	
Dropsy.....	3	2	Softening of the brain.....	5	
Dysentery.....	1		Suffocation.....		1
Emphysema.....	1		Suicide, laudanum.....	1	
Epilepsy.....	1		Teething.....		2
Erysipelas.....	2		Tumor.....	1	
Fatty degeneration of the heart.....	1		Ulceration of the stomach.....	1	
Fever, remittent.....	1		" " mouth.....		1
" scarlet.....	13		Uræmia.....	9	2
" typhoid.....	10	10	Whooping cough.....		2
Gangrene, senile.....	2		Total.....	282	223

THE QUAKER CITY'S FAMINE FUND.—The country will no doubt take notice of the fact that Philadelphia has managed, in a most generous and expeditious way, that shipment of grain to famine-stricken Russia. Philadelphia has the reputation of being slow. It pleases the complacent city of New York to say as much. But Philadelphia seems to move pretty briskly when it comes to spending her money in a worthy cause, and to exhibit almost as much enthusiasm in doing things as New York does in promising to do them. The latter city—the great metrop-

olis, as it proudly calls itself—has undertaken to forward to Russia the supplies donated by the North-west. She may eventually, and probably will do so. But, meanwhile, Philadelphia has bought a cargo of grain, flour, lumber, meat, etc., chartered the vessel, loaded it, and sent it forth with blessings upon its errand of love and mercy at a cost of not less than \$80,000, while New York's contributions foot up only \$32,000.

Philadelphia, no doubt, will always serve as New York's ideal of slowness, of dullness and of stupidity. But the country at large will remember that Philadelphia is without noisy pretence or ostentation; that she promises nothing and does much; that she holds performance higher than bluster, and that, in this matter of the Russian famine, she purchased and dispatched a shipload of salvation while New York was lagging in the rear.—*Washington Post*.

CHICAGO SANITATION.—There has been considerable said about typhoid fever in Chicago. The State Board of Health at Springfield last week gave the matter attention, and appointed Dr. John H. Rauch to make an investigation of the charge that Chicago is suffering from an epidemic of typhoid fever which, it is claimed, is due from a polluted water supply. Dr. Rauch, in speaking of the matter, says:

"The charge that an epidemic of typhoid fever exists in Chicago is a most serious one. It was made by Prof. Sedgwick, Biologist of the State Board of Health of Massachusetts, and Prof. Hazen, Chemist of the Massachusetts Technological Institute, and they gave figures and data to prove their claim that typhoid fever was epidemic here, and that it was due to pollution of the water. These charges have gone all over the world, and their seriousness cannot be overestimated. It will keep people away from the World's Fair unless the charges are disproved, or if the conditions they speak of exist and are not removed. We do not want people to come to Chicago during the fair, contract typhoid fever and go home to die, as many did at the Centennial Exposition. I have a decided opinion about the whole affair, but this is no time to talk. We must act. I certainly will not accept off-hand the charges made that typhoid fever exists here to the point of an epidemic. The entire matter will be investigated. Perhaps Profs. Hazen and Sedgwick laid altogether too much stress on the alleged pollution of the water being the cause of typhoid. They may not have understood all the local conditions which have entered into the causes for typhoid, and for that reason we will examine all the data furnished by these gentlemen. In addition, we will extend our investigations to the crowded conditions in the tenement districts and the sanitary arrangements in houses. The condition of the alleys will also receive our attention. There is no cause for alarm, because if the conditions alleged do exist, they can be removed if prompt measures are taken. Certainly, Chicago must be put in good condition for the World's Fair. The State Board will no doubt have the co-operation of the health authorities of this city in the investigation to be made. The charges were not made to injure the World's Fair, but the people here will look at it in that light, and no half-way measures must be taken in the investigation.

"The truth of the whole matter will be found to be about this: While there is not an epidemic of typhoid, there is too much of that disease present, whether it be the fault of the drinking water or not."

—*Sanitary News*.

THE THIRTY GRAINS OF BEAUTY IN A PERFECT WOMAN.—Three white things: the skin, teeth and hands.

Three black things: the eyes, eyebrows and lashes.

Three red things: the lips, cheeks and nails.

Three long things: the body, hair and hands.

Three short things: the ears, toe-nails and feet.

Three large things: the breast, the forehead and eyebrows.

Three narrow things: the mouth, the waist and the lower front leg.

Three large things: the arm, the calf and thigh.

Three delicate things: the fingers, hair and lips.

Three little things: the head, chin and nose.

—*Jour. d'Accouchements.*

FOREIGN diplomas were barred out by the Illinois State Board of Health for the following reasons:

1. The diplomas of medical schools and universities do not entitle the holders to practice in these countries:

2. The Prussian Staats Examen Commission rejected, in 1890, more than forty per cent. of the graduates of the University of Berlin, more than forty-seven per cent. of the Breslau graduates, more than thirty-one per cent. of the Griefswald and Halle graduates; and, in fact, more than twenty-nine per cent. of the university graduates that came before the commission.

3. Many of the rejected candidates come to this country.

4. Many such graduates, fearful of failing in the government examinations in their own countries, come to this country to enjoy a privilege denied them at home, of practising medicine simply on their diplomas.

5. The Illinois State Board of Health feels that it should not place upon such diplomas a higher valuation than is given them in the countries in which they are granted.

THE KENT LABORATORY.—The Kent Laboratory of the University of Chicago is to be the largest chemical laboratory in the country. At a recent meeting of the Board of Trustees, the general plans of the building were discussed, and architect Cobb was ordered to begin work on detailed drawings for the interior and designs for the exterior. The laboratory will be 166 feet long and 64 feet wide, with two wings and a center tower. It will be three stories high over a high basement and have an auditorium in the rear with a seating capacity of five hundred.

There will be five large laboratories, 34 by 62 feet, capable of accommodating fifty students each; a main laboratory, twice the size, besides numerous small laboratories for professors and special work. On the first floor there will be four class-rooms and a dozen more will be distributed through the upper floors.

Prof. Ira Remsen, the head of the chemical department of the Johns Hopkins University, has been in the city several days conferring with and advising the architect and building committee regarding the plans and ventilating and drainage facilities. He will locate each instrument and group of appliances, and will remain in Chicago for some time to further aid the committee. Of the \$150,000 given by Sidney Kent, \$130,000 will be put into the building and \$20,000 into apparatus. Work will begin on construction as soon as the plans are drawn.

Des Moines College, Des Moines, Iowa, is the first college to formally "affiliate" with the Chicago University. The memorandum of affiliation was signed February 23.

CONTINUED HIGH DEATH-RATE—A COMPARISON OF DEATHS FROM PRINCIPAL DISEASES THE LAST TWO WEEKS AND THE CORRESPONDING WEEKS LAST YEAR.—The interments reported by the Board of Health for the last two weeks have largely exceeded those of corresponding weeks in 1891, those for the week ending February 20 exceeding those for the same week in 1891, 134, and those of last week running 104 ahead of its corresponding week last year.

The grippe, though it has ceased to rage as an epidemic, left many debilitated constitutions, and the inclement weather that has prevailed for some time, has compelled them to succumb to one of the many diseases to which they were most liable. Besides, the grippe, at this time last year, was almost entirely stamped out, while so far this year deaths are reported from it every week.

The principal diseases, which account for the increase in the number of deaths in the past two weeks in comparison with those of corresponding weeks in 1891, are here given:

	Week ending Feb. 21, 1891.	Week ending Feb. 20, 1892.
Apoplexy.....	15	18
Bright's disease.....	10	13
Cancers.....	6	15
Congestion of lungs.....	7	8
Consumption of lungs.....	55	63
Convulsions.....	14	20
Diphtheria.....	11	42
Disease of heart.....	21	37
Fever—Scarlet.....	8	12
Fever—Typhoid.....	10	15
Inflammation of bronchi.....	14	22
Inflammation of lungs.....	47	60
Influenza.....	..	13
Old age.....	22	26

	Week ending Feb. 28, 1891.	Week ending Feb. 27, 1892.
Apoplexy.....	13	14
Cancers.....	7	11
Congestion of brain.....	5	7
Congestion of lungs.....	4	9
Consumption of lungs.....	52	59
Convulsions.....	13	17
Croup.....	7	9
Diphtheria.....	16	24
Disease of heart.....	18	43
Fever—Scarlet.....	4	13
Fever—Typhoid.....	9	20
Influenza.....	..	6
Inflammation of bronchi.....	7	18
Inflammation of lungs.....	44	68
Marasmus.....	11	13

THE whole staff of the Central Park menagerie, including Superintendent Conklin and three veterinary surgeons, were occupied in administering a dose of medicine to Caliph, the hippopotamus, says the *New York Evening Sun*. The whole afternoon, moreover, was occupied by the task.

For four days Caliph has been seriously indisposed. He has absolutely refused all food, and from a pleasant mannered and tractable animal has turned to a morose and savage beast. The cause of this is certainly a bad cold, possibly the influenza. He has shivered a good deal, and a whitish fluid has trickled from the corners of his eyes.

It was decided that he must be physicked. Dr. R. S. Huidekoper courageously undertook to administer the medicine. Two colleagues came to look on. At

3 o'clock the public was turned out of the house where Caliph's cage is. All the keepers of the menagerie were summoned to help in the work. Caliph was driven out of the water with a long pole having an iron hook. A partition of strong boards was then erected between him and the water.

The medicine to be given to him consisted of two packages, one containing 49 drachms, or 2,940 grains, of ball of aloes, and the other 40 drops of croton oil made into a firm paste, with treacle, ginger, and other things. These were wrapped up in thick paper, which it was not proposed to remove.

All peaceable means to induce him to take his medicine failed.

Stronger measures then became necessary. While the keepers were preparing to submit him to these he knocked a pole, with which his nose had been rapped, clear up to the ceiling. A heavy rope was at last passed round his shoulders. It was at first tied to a post which ran up to the roof, but then it struck Mr. Conklin that his fat friend might pull the whole house down. The rope was, therefore, tied to a strong iron railing. As soon as he felt this he tugged viciously. Fortunately the wall was only a foot behind him and he stopped.

A remarkable thing was then seen. Caliph was sweating what looked like blood, and was, in fact, serum. This is the custom of the hippopotamus in time of great pain or anger, but it is a rare enough sight. There was no doubt now about Caliph's serious intentions, but the work went on.

When he struggled the men let him have plenty of slack, and then they pulled the rope tight again. A small rope was inserted in his jaws. When he opened them to roar Dr. Huidekoper thrust the aloes in.

It seemed at one time as if the eminent veterinary surgeon might withdraw from the bars without a head. Caliph spat out the stuff. He snapped in two a heavy pole with which he was prodded. Then the medicine was stuck on a walking stick, and thrust down his throat. He kept it this time.

The croton oil mixture was placed on the same stick, but he broke it in two. Then a pole was used for the same purpose. After tremendous exertions the whole dose was finally lodged inside of him, and he was left to get well.

During all this the excitement among the other animals was intense. Miss Murphy and her daughter, in the next cage to Caliph, roared in sympathy.

The mother of two little hyenas stood on her hind legs and looked over the boarding which had been placed around her cage.

It was nearly 6 o'clock when the last dose had been inflicted on Caliph, and the little party left his dwelling-place with the consciousness of a good work well done.

A BOARD of officers will be convened in Washington, May 2, 1892, for the purpose of examining applicants for admission to the grade of Assistant Surgeon in the U. S. Marine-Hospital Service.

Candidates must be between twenty-one and thirty years of age, graduates of a respectable medical college, and must furnish testimonials from responsible persons as to character.

The following is the usual order of the examination: 1, physical; 2, written; 3, oral; 4 clinical.

In addition to the physical examination candidates are required to certify that they believe themselves free from any ailment which would disqualify for service in any climate.

The examinations are chiefly in writing and begin with a short autobiography by the candidate. The remainder of the written exercise consists in examination on the various branches of medicine, surgery and hygiene.

The oral examination includes subjects of preliminary education, history, literature, and the natural sciences.

The clinical examination is conducted at a hospital, and, when practicable, candidates are required to perform surgical operations on the cadaver.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order, as vacancies occur.

Upon appointment the young officers are, as a rule, first assigned to duty at one of the large marine hospitals, as at Boston, New York, New Orleans, Chicago, or San Francisco.

After four years' service, Assistant Surgeons are entitled to examination for promotion to the grade of Passed Assistant Surgeon.

Promotion to the grade of Surgeon is made according to seniority and after due examination, as vacancies occur in that grade. Assistant Surgeons receive sixteen hundred dollars, Passed Assistant Surgeons eighteen hundred dollars, and Surgeons twenty-five hundred dollars a year. When quarters are not provided, commutation at the rate of thirty, forty, or fifty dollars a month, according to grade, is allowed.

All grades above that of Assistant Surgeon receive longevity pay, ten per centum in addition to the regular salary for every five years' service, up to forty per centum after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses. For further information or for invitation to appear before the board of examiners, address:

(Signed) **WALTER WYMAN,**
Supervising Surgeon-General, M. H. S.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending February 27, 1892.

MEANS, V. C. B., Passed Assistant-Surgeon. Detached from Naval Hospital, New York, and to Navy Yard, New York.

LUNG, GEORGE A., Assistant-Surgeon. Detached from Navy Yard, New York, and to Naval Hospital New York.

MARSTELLER, E. H., Passed Assistant-Surgeon. Detached from Marine Rendezvous, Baltimore, and wait orders.

CORDEIRO, F. J. B., Passed Assistant Surgeon. Detached from Marine Rendezvous, Boston, and to the U. S. S. "Adams."

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